

LANCASTER COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Mobilizing for Action through Planning & Partnership



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Community Health Improvement Plan

Introduction

After two years of meetings and planning, the Mobilizing for Action through Planning and Partnership (MAPP)/Community Health Improvement Plan (CHIP) Steering Committee is pleased to present this community health improvement plan (CHIP)¹ to Lancaster county residents, community organizations and leaders. The CHIP is intended to be a three- to five-year community strategic health plan that addresses several high priority health issues in the community. The Lincoln-Lancaster County Health Department was the lead agency in creating the CHIP, but the plan was a joint effort with our many health partners and stakeholders in the community and achievement of the goals will require broad participation from our community partners. (Participants in the MAPP and CHIP planning are listed in an appendix.)

While there are a host of potential health issues that are present in Lancaster County, after assessing the importance of 72 possible issues the MAPP/CHIP Steering Committee settled on four broad health issues to address:

1. Prevention of chronic disease
2. Prevention of injuries
3. Behavioral health (including substance abuse)
4. Access to health care.

Even though each of the four priority issues has been addressed separately, the topics are interconnected and related in several ways. For instance, access to appropriate care affects some aspect of all three of the other priority areas (e.g., behavioral health issues include access to care, the community health education efforts focused on prevention include access to appropriate screening and preventive services in addition to personal changes in lifestyles).

Each priority area was worked on by a committee. The committees addressed both short- and long-term efforts that need to be accomplished to make improvements in both process and outcomes. While the CHIP draws from the committee reports this report focuses on the broader goals and objectives and policies and programs that need to be in place to reach those objectives within the next five years.

¹ According to Public Health Accreditation Board (PHAB), a community health improvement plan (CHIP) is a “systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.”

Under provisions in the Patient Protection and Affordable Care Act (PPACA or ACA) Nebraska has notified the Centers for Medicare and Medicaid (CMS) that the state will opt for a federal insurance exchange. However, as the 2013 Legislature begins the session, no decision has been made about expanding Medicaid to provide health coverage for persons earning less than 133 percent of the poverty level—a large number of the uninsured. During this session of the Nebraska Unicameral there is going to be lively debate between those who support and oppose Medicaid expansion. While the decisions are not known, the outcome of the debate influences both the Access to Care and Behavioral Health discussion in several respects and indirectly affects the other priority areas. Given the uncertainty, this plan assumes that health insurance coverage will be available to the vast majority of Lancaster County residents in some form after implementation of the Patient Protection and Affordable Care Act in [2014](#). Some small percentage of the population may not qualify for health insurance coverage and some individuals may opt to pay a penalty rather than comply with the individual mandate.

ACCESS TO CARE

The issue of access to care, especially for low-income individuals and families, was identified as one of the priority focus areas for the CHIP. Access to care has many dimensions (e.g., financial access and affordability, location and hours of availability, cultural aspects) and is related to two of the other priority areas (access to behavioral health and chronic disease prevention are influenced by the level of health insurance and consumer knowledge of available preventive services) in a major way. While there have been several improvements in the delivery of health services in Lincoln and Lancaster County over the past decade, recent data on the numbers of uninsured residents have been increasing. With the establishment of the People's Health Center and its expansion, the presence of the Lincoln Medical Education Partnership and the availability of free clinics such as Clinic with a Heart and the clinic at People's City Mission there has been improved access to primary care services for the uninsured and those on Medicaid. In addition, the Lancaster County Medical Society, through funding from local foundations, has provided access to physicians and pharmaceuticals for low-income uninsured.

With the implementation of the Affordable Care Act on the horizon, there are opportunities to increase the population with health insurance. However, at this time, not all of the details have been worked out. While Nebraska has notified the U.S. Department of Health and Human Services that the state will elect to have a federal exchange, the decision about whether the state will elect to expand Medicaid has not been determined yet.

Background

Access to care is often treated as being synonymous with health insurance or coverage/financial support for health services. If an individual or family is not covered by a private or group policy plan, Medicaid, Medicare, or some other government-funded program (general assistance, Veterans benefits, TRICARE), they are left to their own resources. Physicians and hospitals often provide needed health care to patients as charity care or uncompensated care. In Lincoln, the People's Health Center (a Federally Qualified Health Center or FQHC), the Lincoln Medical Education Partnership (LMEP), the Lincoln-Lancaster County Community Health Improvement Plan

Lancaster County Health Department (LLCHD), the Community Mental Health Center and two free clinics (Clinic with a Heart, People's City Mission's free clinic) have been the backbone of the "safety net providers" as are the emergency departments at the local hospitals.

A great deal of time and effort has been directed in recent years to make sure that the local safety net providers are able to continue providing services to the ever-present and growing population of uninsured residents. The Community Health Endowment (CHE) and several Mayors/City Councils have helped assure that the poor, homeless and other uninsured residents have alternatives for care besides care in the hospitals' emergency departments. Several task forces have been convened to help with access as well as improve the functioning and fiscal wellbeing of the safety net providers.

However, as mentioned above, on the horizon (January 1, 2014) is implementation of the key features of the Affordable Care Act (ACA), which promises to increase health coverage to all but a small percentage of the population. The goals and objectives in the CHIP are for 2015 to 2017, which means that the community needs to address how to transition from the current state to the future without adversely upsetting the programs that have been implemented over the past decade to deal with a sizable population that has been uninsured or underinsured. It also needs to be kept in mind that other aspects of access (location, hours, availability, etc.) in addition to financing will continue to need attention.

Background: Health Insurance Coverage/Affordable Care

The trend in health insurance coverage in Lancaster County has been negative over the past several years. While a large majority of residents have health insurance and a usual source of care (perhaps a medical home), data from the 2011 Behavioral Risk Factor Surveillance System ([BRFSS](#)) indicate that 18.5 percent or an estimated 35,400 of Lancaster County's adult residents aged 18 to 64 do not have private or public coverage for healthcare services. While the 2011 rate cannot be compared directly to results in prior years due to a change in [weighting methodology](#) as well as including a sample of cell-phone users, there's clear evidence that the rate and number (due to population growth over time) of uninsured has increased significantly. Looking at subgroups by various characteristics (see table below) we see that persons who are uninsured are likely to be poor persons. As is shown, a family with an income of \$15,000 to \$25,000 had the highest rate of uninsurance at 42.9 percent. By race or ethnicity, persons of Hispanic origin had the highest rate of uninsurance (56.4 percent) followed closely by non-Hispanic African Americans (55.5 percent) and non-Hispanic persons who classify themselves as multiracial (47.9 percent uninsured). By age, young adults aged 25 to 34 have the highest rate of uninsurance at 31.2 percent, an age group that historically has had the highest rates of uninsurance.

Income Group (K=thousand)	All Incomes	< \$15 K	\$15 to \$25 K	\$25 to \$35 K	\$35 to \$45K	\$50 K >
Uninsured (%)	18.5	30.3	42.9	23.3	15.8	5.7
Race/Ethnicity NH=Non-Hispanic	All Races	White NH	Black NH	Hispanic	Other Race, NH	Multi- racial, NH
Uninsured (%)	18.5	14.6	55.5	56.4	16.2	47.9
Age Group	18 to 64	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64
Uninsured (%)	18.5	17.3	31.2	20.1	12.3	8.3

The percent of uninsured children (estimated as 5 percent or 3,300 children in 2010 based on the 2009-2011 American Community Survey results) is lower than that for adults thanks to the Children’s Health Insurance Program ([CHIP](#) or as known in Nebraska, [Kids Connection](#)), but barriers to care such as finding a doctor accepting Medicaid/Kids Connection or time and distance to a provider may reduce access. Even though people have access to health care services they do not necessarily have a usual source of health care, or ideally a “medical home.”

Beyond health care coverage is the ability to pay for care. If a person has no coverage the cost of health care services can result in a significant out-of-pocket expense, but even if an individual has health insurance/coverage that person may delay or defer care due to the amount of copays and deductibles they owe (perhaps from past visits) or will owe if they seek a doctor’s care. The 2011 BRFSS survey ([question 3.3 of the core questionnaire](#)) results indicate that 12 percent of adult respondents in Lancaster County said that during the previous year they could not see a doctor when they needed to due to cost.

Just as with the uninsured data, when individual characteristics are taken into account such as age, income and race/ethnicity there are real differences among the groups. As expected, there’s an indirect correlation between income and the percent of respondents (a range from 5.5 percent of persons with a family income of more than \$50,000 to a high of 27.4 percent for those with an income of less than \$15,000) who could not afford to see a doctor when they needed to in the previous year. When looking at the respondent’s race or ethnicity, given the high percentages of minority populations without health care coverage, it is not surprising that more than a third of Non-Hispanic persons who indicate that they are of multiple races (35.6 percent) and almost a third of Hispanics (31.8 percent) indicated they could not afford to see a doctor the previous year when they felt they needed care. Respondents aged 25 to 34 have the most difficulty paying for needed care (21.4 percent)—they also had the highest rate of uninsurance.

Income Group (K=thousand)	All Incomes	< \$15 K	\$15 to \$25 K	\$25 to \$35 K	\$35 to \$45K	\$50 K >
Could not afford care (%)	12	27.4	21.8	17	10.5	5.5
Race/Ethnicity NH=Non-Hispanic	All Races	White NH	Black NH	Hispanic	Other Race, NH	Multi- racial, NH
Could not afford care (%)	12	10.2	23.3	31.8	16.6	35.6
Age Group	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Could not afford care (12 % overall)	11.1	21.4	13.3	13.4	8.5	1.7

Insurance Features and Coverage Issues

Two factors that have affected other aspects of health insurance plans over the past five to ten years are the rate of [health care inflation](#) and the resultant health insurance premium increases, and the recent economic recession. In combination these factors have influenced the affordability of health insurance in the budgets for employers and employees alike. For private businesses, that means that some companies either dropped providing insurance for employees, or more typically changed the plan design to increase deductibles and copays as well as the percentage of premiums paid by workers. Some employees when faced with increased premiums even dropped coverage and went “bare.” The State as a co-financer of Medicaid was also faced with higher Medicaid costs, reduced tax revenue and more people who qualified for Medicaid eligibility. In recent years, therefore, in order to control costs the Nebraska Medicaid program has both tightened eligibility and reduced the Medicaid benefit packages. Recently, Medicaid payments to providers have been raised to the same level as Medicare rates, but the lower rates in the past made it less likely that providers would accept more Medicaid patients.

Care Seeking Behaviors

Individuals and families do best if they have a usual source of care and the recommendation from several medical societies is that everyone should have a [medical home](#), which as described by the American Academy of Pediatrics (AAP) is a [model](#) for “delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.” In a medical home model health care services are delivered by a team, but there is a physician or provider that individuals consider as their primary care provider. While a majority of Lancaster County residents indicate on surveys that they have a usual source of care, those persons without adequate health

insurance and no usual source of medical care or a personal physician may visit hospital emergency rooms for non-emergent or routine care.

Access to Care Recommendations

Goal: Improve access to comprehensive, quality and affordable healthcare services for all residents of Lancaster County.

Objectives:

1. By 2017, increase the percent of the population with healthcare insurance (coverage) from 81.5% to 98%.
 - A. Increase the ability of people to navigate the health insurance market created by the exchanges implementing the Patient Protection and Affordable Care Act (PPACA).
 - Where possible, utilize the services of the Health Hub and Medicaid enrollment center, where patient advocates personally assist uninsured patients in accessing appropriate care and services.
2. By 2015, increase the percent of population with a usual primary care provider to 90%.
 - A. Promote the Medical Home Concept
 - Implement a community-wide education campaign.
 - Encourage all healthcare providers in Lincoln/Lancaster County to serve as a medical home, or refer clients to a medical home.
 - Encourage the private medical community to continue to be engaged in a specific effort to assure an increased number of medical homes are available for both uninsured and insured individuals as implementation of ACA occurs.
 - Lincoln's primary care providers who serve low-income, uninsured and Medicaid populations in Lincoln and Lancaster County need to continue to position themselves as medical homes.
 - City/County government should be an active participant in expanding access to primary care services and medical homes. Options will include: facilitating relationships with State and Federal policy makers; providing City/County buildings for safety net services and or assisting with financial options such as tax increment financing (TIF), tax exempt bonds or other options.
 - B. Assure that urgent care options are available for persons with low income.
 - Until expanded options increase, access to urgent care for uninsured populations is needed. Continue to seek ways to expand hours and facility sharing among safety net providers.

- Support the Health Management Associates (HMA) report's recommendation that Clinic with a Heart continue to provide urgent care services in conjunction with Peoples Health Center.
 - The Community Health Endowment should continue providing ongoing funding to subsidize the purchase of malpractice insurance for volunteer healthcare professionals at the Peoples Health Center and the other free clinics in Lincoln until there are better options.
 - Implement a formal volunteer coordination system to assist safety net volunteers in most effectively utilizing their time and skills. A local organization will provide potential volunteers with information on agency, mission and current opportunities.
 - Assure that adequate funding, expertise and infrastructure related to health information and technology is available to safety net providers.
- C. As part of ACA implementation, support the development and monitor the use of preventative services (e.g. annual physicals, mammography, immunizations, colonoscopy, nutrition and diabetic education in the community).
- Designate an organization, such as the Lincoln Lancaster Health Department, to serve as the primary clearinghouse for health education materials in the community. Consider the use of volunteer wellness educators. Assure that education and materials are culturally and linguistically appropriate.
 - Encourage all healthcare providers to integrate health education, wellness and fitness activities into their patient care plans.
 - Expand access to health education, fitness and wellness facilities for uninsured and low-income patients using public/private partnerships.
- D. Recruit and retain medical staffs to accommodate the newly-insured and replace retiring providers.
- Increase the number of culturally-competent providers.
- E. Support the recommendations of the Mayor's Healthcare Safety Net Report with assistance from the Community Health Endowment, to develop and implement a system-wide fund raising strategy for the safety net, including medication assistance, specialty care and interpretation services.
- Conduct joint budget planning between the Mayor, City Council, and Lancaster County Board of Commissioners to maximize funding for human services and the healthcare safety net, with a focus on medical home concepts.
 - Designate an organization, such as the Lincoln Lancaster County Health Department, to increase community awareness of the community health status and service delivery by capturing reliable data.

BEHAVIORAL HEALTH

In reviewing the assessment information about behavioral health issues including substance abuse the MAPP Steering Committee decided it was a priority concern for the CHIP. Data from the Community Health Status assessment showed that binge drinking in the community is high, at 20.9 percent in 2010, and that this has been a consistent finding. (The 2011 BRFSS, which should not be compared with prior year's BRFSS results due to a methodological and weighting change showed an even higher prevalence of 25.6 percent.) In addition, the Community Themes and Strengths survey results, both the local convenience survey and the State's random survey showed that behavioral health issues including binge drinking were felt to be among the public's highest health concerns (the highest concern from the convenience survey that did not include overweight and obesity). [The State's list of issues differed in the categories on the list since they included "overweight and obesity" as a category, which drew the highest percent of responses (24.5%), with behavioral health issues (alcohol abuse, mental health/suicide and drug abuse) coming in at 17.3 percent, a close second.]

Other local data also reveal some of the reason for addressing behavioral health issues:

- In 2011, 10.1 percent of Lancaster County adults responded on the BRFSS survey that they had poor mental health days 14 or more days a month
- Data from the 2011 Youth Risk Behavior Survey (YRBS) revealed that 12.3 percent of teens seriously considered suicide in the past 12 months and 10.6 percent had planned a suicide attempt during the previous year. Beyond planning, the data showed that eight percent actually attempted suicide and two percent were treated for a suicide attempt during the previous year.

Specific Behavioral Health CHIP Recommendations

Priority #1: Preparation for Change/Innovation

Background/Concerns: Several transitional events are taking place which will significantly influence the provision of behavioral health services in Lincoln in the near future. The Affordable Care Act (ACA) is expected to increase the number of newly insured individuals seeking behavioral health services. Lincoln should be prepared to expand its behavioral health service capacity. Also, there will be service provider changes involving the Community Mental Health Center (CMHC) in 2013. Advocates hope that the Lancaster County Board will maintain their investment in behavioral health [as was also recommended in the HMA report] and the philosophy of comprehensive care and integration with primary care and savings realized from the reduction in funds needed for the General Assistance program will be reallocated to assist with behavioral health needs. Advocates also hope that the Community Health Endowment (CHE) will continue to support behavioral health innovation by supporting the pilot projects and recommendations listed below. Given this transitional time, Lincoln has an opportunity to introduce innovations which can strengthen the provision of care in cost effective ways.

Goal: The community's system of behavioral health care must be able to adjust quickly and effectively to changes in the national, regional and state systems of care and must be responsive to the changes in our population and among our provider community. Now is the time to invest in pilot projects which study best practices and cost efficiencies applied locally.

Objectives:

1. Fund the development of a Behavioral Health Court pilot, similar to the Drug Court model.
 - A. The purpose is to divert persons with mental illnesses from the criminal justice system at the earliest possible stage in order to reduce the number of persons with mental illnesses in the criminal justice system, prisons and jails and to reduce the number of persons with mental illnesses who are further stigmatized by a criminal conviction. Research shows that a well-designed behavioral health court may reduce recidivism among participants, improve behavioral health outcomes, and reduce the length of incarceration for participants. (Better outcomes and less expense.)
 - B. In attempting a pilot, the community must recognize that an accessible and comprehensive behavioral health treatment system is the most effective means of preventing the criminalization of people with mental illness. A behavioral health court would be one part of a more coordinated behavioral health system.
 - C. Review the "[Sequential Intercept Model](#)" and other models endorsed by SAMHSA. Focus on pilot projects which have been successful in Region V.
 - Provide one-time financial assistance with licenses for electronic behavioral health record software for small provider offices and non-profit agencies. Providers of behavioral health services are strongly encouraged to work toward health information exchange, as in the regional efforts of eBHIN (Electronic Behavioral Health Information Network: www.ebhin.org).
 - Invest in training for behavioral health providers, law enforcement, judicial and corrections personnel related to the [trauma-informed care](#) concept to address family violence effectively in our community. Commit to more cross training between domestic violence and behavioral health providers.
 - Develop and pilot innovative ways to expand the number of providers by utilizing advanced practice registered nurses (APRNs), physician's assistants (PAs), registered nurses (RNs), licensed practical nurses (LPNs), social workers and peer support specialists.
 - Simplify and strengthen case management for behavioral health consumers. Improvements may include; the use of the Recovery Model, trauma-informed care, eliminating duplicative case managers, streamlining approaches, utilizing a broader array of professionals providing services (as above), and the ability to share information

across the system easily and quickly. Case management should be proactive, focused on patient recovery, and comprehensive. Being proactive includes outreach before crises occur and maintaining consistent contact to assure the plan of care is successful.

2. Support recommendations from the Health Management Associates (HMA) report, January 2012:
 - A. Support behavioral health and primary care integration projects of the Community Mental Health Center, its successor, and the People's Health Center.
 - B. As stated in the HMA report and in light of health care reform at the federal and state level, there should be a significant decrease in the number of uninsured.
 - Invest in local outreach (navigation and case management), partnering and coordinating with the state. The work of Aging Partners and AARP in enrolling seniors in Medicare Part D using informed volunteers and peers is a successful model to follow.

Priority #2: Pre-Crisis Care

Background/Concerns: The current behavioral health system is designed to help individuals in crisis to determine if they need hospitalization. Local Emergency Departments and the Emergency Protective Custody system are often inappropriately utilized by individuals in a pre-crisis period which creates an unnecessary stress and cost (law enforcement, fire and rescue, hospitals, City/County Crisis Center, etc.) Pre-crisis care meets the needs of individuals before an emergency. Two possible models to explore include the Keya House in Lincoln (Region V) and the Spring Center in Region VI in Omaha (Region VI). The Keya House provides 24 hour peer support, self-help, and proactive recovery tools to avert crisis in a comfortable setting in which guests can stay for up to five days. The Spring Center provided a "warm line" and behavioral health assessments to connect individuals to services before a crisis and to prevent the use of the emergency system.

Goal: Lincoln will have an accessible and responsive behavioral health pre-crisis system in order to reduce the inappropriate and expensive use of Emergency Protective Custody, the Crisis Center or Emergency Department care.

Objectives:

1. Support and expand voluntary, drop-in, un-locked pre-crisis care centers with "warm line" services, which are staffed 24 hours per day with behavioral health professionals and peer support specialists to provide assessment, support, connection to ongoing care, referral and safety.

Priority #3: Health Care Reform

Background/Concerns: As a result of the ACA, more people will become insured through Medicaid and the state health insurance exchange. An estimated 12,000 currently uninsured people who need

behavioral health care in Lancaster County, will be eligible for health insurance in 2014. Via the ACA, the state is obligated to assist clients in applying for Medicaid. The state will be mandated to provide “navigators” to accomplish this. The state is also pursuing behavioral health managed care for Medicaid-eligible consumers. Recent decreases in Medicaid provider rates negatively impact the number of providers in our community accepting Medicaid patients.

Goal: Lincoln will be prepared for the ACA and Nebraska’s behavioral health reform for persons eligible for Medicaid.

Objectives:

1. Educate health care providers on the essential benefit package in the Affordable Care Act for behavioral health and substance abuse.
2. Identify ways that the community can assist in making the “navigator” system of outreach and enrollment effective. Partner with the Lancaster County Medical Society’s Medicaid Enrollment Center and the Center for People in Need’s Health Hub to model effective practices.
3. Because of the ACA, behavioral health services provided by the state should be consolidated between the Division of Behavioral Health, their six (6) behavioral health regions, and the Division of Medicaid and Long Term Care. Our community should lobby the state to redirect savings from this consolidation to increase Medicaid reimbursement rates for behavioral health providers.

Priority #4: Integrated Service Delivery

Background/Concerns: The behavioral health system should be defined broadly to include mental health, developmental disabilities, substance abuse, family violence, sex offenders with behavioral disorders, and those who are reintegrating from the criminal justice system. Research has shown that consolidating services in one physical location increases the likelihood of coordinated care, increased consumer satisfaction, and better patient outcomes.

The HMA report also recommended that certain behavioral services should be provided in partnership and under the license of a primary care provider to maximize integration of mental health and physical health. However, some services would need to stay under a mental health provider (Medicaid Rehabilitation Option or MRO for example) to maximize effectiveness and minimize cost, but also requiring some primary care services to be delivered at mental health sites for certain individuals with severe mental illness. Having mental health services available at primary care sites was also recommended.

Goal: Lincoln will have an integrated behavioral health safety-net, free of silos and turf battles for improved coordination of care.

Objectives:

1. The community should continue existing efforts and expand pilot projects which focus on parity and an integrated provider response, assuring that behavioral health is integrated with primary care, specialty care, pharmacy, and dentistry.
2. The community should conduct a pilot project for case managers specializing in co-morbidity among high-risk populations, in order to reduce duplication of services.
3. The community should invest in training related to trauma-informed care across the behavioral health system of care to address family violence.
4. The community should invest in the seamless sharing of electronic behavioral health records, such as through the eBHIN network. Pilot projects should be encouraged and financial assistance should be provided to purchase licenses for smaller practices as needed.
5. Educate behavioral health providers and law enforcement about appropriate placement of persons needing detoxification from drugs/alcohol at Cornhusker Place.

Priority #5: The Underserved

Background/Concerns: As previously stated, approximately 12,000 currently uninsured people who need behavioral health care in Lancaster County will be eligible for health insurance in 2014. We can assume that without health insurance, the majority of them have stayed away from obtaining behavioral health services they need. An overall increase in the number and variety of behavioral health providers is urgently needed to meet the needs of additional clients coming into the system. Becoming insured through the provisions of the ACA (the health insurance exchange and/or the expansion of Medicaid) will be a complicated process for those with behavioral health needs. Case finding and long term case management services need to be strengthened and expanded to help patients navigate a new health insurance system and to find the supportive services consumers need to continue their recovery. As stated in the HMA report, January 2012: individuals with behavioral health issues tend to need help with primary health, housing, education and employment.

Goal: Lincoln will expand access to behavioral health providers who serve the poor, uninsured, and Medicaid-eligible populations.

Objectives:

1. House services whenever possible in the same physical location to increase care coordination. Encourage behavioral health specialists to co-locate and contract with primary care. Continue with the pilot project between People's Health Center and Region V.
2. Follow the Community Health Endowment's new funding priorities to "assure that Lincoln is well positioned to respond to new models of care on the local, state and federal levels by developing an adequate health workforce".

- A. Increase the number of general health providers (including mid-level providers) knowledgeable in behavioral health issues to assure coordinated general and behavioral health provision and to assure the management of those without a serious mental illness.
- B. Increase the number of psychiatrists. Utilize Creighton and UNMC resident physicians to provide behavioral health care.
- 3. Increase the number of dual-credentialed Licensed Mental Health Practitioners, specifically in the areas of substance abuse and mental health.
- 4. Increase the use of voluntary peer support specialists. Invest in training, educational support, and innovative projects regarding this concept.
- 5. Support the “navigator” role related to the Affordable Care Act so that behavioral health services can be easily accessed. Assure a successful structure of outreach and services. Utilize models in the community which are already successful with underserved populations such as the Lancaster County Medical Society’s Medicaid Enrollment Center and the Center for People in Need’s Health Hub.
- 6. Improve after-care coordination by case managers. Invest in training, educational support and innovative projects regarding long-term disease management and unduplicated care coordination.

Priority #6: Addressing Gaps/Special Populations

Background/Concerns: Lincoln’s behavioral health system is not well prepared to serve the unique needs of special populations including; the aging population (increasing dramatically in numbers), adolescents and young adults ages 16-25 transitioning into the adult system of care, adults ages 55-65 transitioning into Medicare, people with Autism spectrum disorders, and people with dual diagnoses (e.g. developmental delays and behavioral health, substance abuse and behavioral health).

Goal: Lincoln’s Behavioral Health System is prepared to serve special populations who otherwise are underserved, unfunded and unconnected.

Objectives:

- 1. Invest in screening and prevention strategies for youth and aging populations to identify behavioral health needs as early as possible.
- 2. Increase the use of specialized case managers to coordinate care and to eliminate duplication. Case management must be recovery focused and lead by a single case manager. Invest in training, educational opportunities and standardized approaches to care coordination.
- 3. Partner with agencies that have been successful in working with the aging population: the Senior Foundation, Aging Partners, Bryan Health and UNL’s School of Gerontology.

4. Identify the gaps in services for youth (e.g. runaway groups) and harmonize state statutes to consistently address challenges youth face (e.g. age of entering into a lease recently lowered to age 18, emergency protective custody at age 18, yet age of majority is 19).
5. Address the challenge of youth in the foster care system “aging out” of the behavioral health system. Work with the Nebraska Department of Health and Human Services to develop a treatment plan for wards of the state that will transition into the adult behavioral health system.

CHRONIC DISEASE PREVENTION

Numerous assessments of the health status of residents of Lancaster County have shown that as a whole, local measures of health status compare favorably with those of the state and nation. (Comparison data related to the priority issues are included in each write up.) However, even if the community compares favorably to other communities that doesn't mean that we are achieving reachable goals and objectives, which are presented below.

Informed and Educated Patients

There's good evidence that informed and empowered patients who visit providers to obtain recommended screenings and preventive tests and who are compliant with actions (e.g., lifestyle changes, taking medications properly) to address their health issues can achieve a better state of health and wellbeing. However, there are several measures that indicate many individuals are not following the recommendations. The reason may be that they either don't know or understand the importance of following the prescribed measures or there's some other factor related to access (e.g., can't afford their prescribed drugs). The following table presents information about the self-reported rates for those indicating their health as being only "fair or poor." In addition, the table includes BRFSS self-reported rates for two specific health conditions, hypertension and diabetes, that can be influenced by proper monitoring, appropriate medications or prescription drugs and lifestyle changes such as diet and exercise.

Income Group (K=thousand)	All Incomes	< \$15 K	\$15 to \$25 K	\$25 to \$35 K	\$35 to \$45K	\$50 K >
Fair or Poor Health (%)	11.4	22.4	19.5	15.4	11.8	5.2
High Blood Pressure (%)	23.2	18.2	21.9	22.6	32.4	21.6
Diabetes (%)	6.7	7.6	8.7	7.1	5.8	6.9
Race/Ethnicity NH=Non-Hispanic	All Races	White NH	Black NH	Hispanic	Other Race, NH	Multi- racial, NH
Fair or Poor Health (%)	11.4	10.3	28.4	19.6	11.2	18
High Blood Pressure (%)	23.2	23.8	29.7	9.9	19.0	27.1
Diabetes (%)	6.7	6.6	7.8	4.9	12.1	3.4

Age Group	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Fair or Poor Health (%). 11.4 % overall	3.8	9.2	11.6	11.3	15.8	21.6
High Blood Pressure (%). 23.2 % overall	7.4	8.6	13.5	25.3	41	56.6
Diabetes (%). 6.7 % overall	0.8	1	4	9.1	12.9	17.3

There are many health indicators showing that best practices are not being followed by all groups or that certain subpopulations do not appear to fare as well as others. For instance, BRFSS results for 2011 indicate that 64.8 percent of elderly (65 and older) got their recommended flu shot the previous year. Since it is a Medicare-covered benefit there should be few differences by income and the data show that, however elderly Hispanics (32.7 percent) and multiracial Non-Hispanics (27.7 percent) have much lower rates for influenza vaccination than other races/ethnicities. In addition, elderly women (70.2 percent) got a flu shot at a higher rate than elderly males (57.6 percent).

In the next several years we might have access to information gathered by the health data exchanges that are being built. The data will provide us with information such as how many people are diabetics or have another chronic health condition; and also whether those people with chronic conditions are able to control their diabetes, take their meds for hypertension or reduce their weights to a safe level. In the meantime, data from a representative national sample (such as the [National Health and Nutrition Examination Survey or NHANES](#) and the [National Health Interview Survey or NHIS](#)) reveal that as many as a third of persons with diabetes and other illnesses do not know of their condition. Also, as a recent [article](#) in the [MMWR \(Morbidity and Mortality Weekly Report\)](#) reveals, even persons with diagnosed high blood pressure (hypertension) are not controlling their condition at an appropriate rate.

Vision:

People in Lancaster County live in communities designed to support healthy behaviors across the lifespan enabling healthy eating, being physically active, reducing risk of injury, maintaining healthy weight, participating in routine health screening and emphasizing chronic disease self-management.

Overview:

Often absent from discussions of health care is the critical need for prevention to protect health in the first place. Strategies for individuals need to be continued, but building capacity in populations to develop and maintain wellness is vital. Data shows that life expectancy has increased to an all time high in the United States. The problem is that we may be living longer, but not better. The quality of life has not increased along with these extended years. Chronic diseases are a major influence. They most often deprive quality of life in later years, but can affect people at any age. Chronic disease – particularly heart

disease, stroke, cancer, diabetes and depression – are the major causes of death, disability and continued rising health care costs for Americans. Scientists generally agree that less than 25 percent of how long we live is dictated by genetics. The other 75 percent is determined by our lifestyle or our habits day-in and day-out. So, while individuals make their own behavior choices, the policies, systems and environments in which we live guide those choices.

The rising rates of overweight and obesity are also alarming because they both parallel and are directly related to the sharp increases in obesity-related chronic disease. 2011 BRFSS results show that 25.1 percent of Lancaster County residents, based on self-reported measures of height and weight, were obese (with a Body Mass Index or BMI greater than 29.9) and 34.2 percent of the population were overweight (BMI in the range of 25 to 29.9). The obesity rate, while better than the rates for Nebraska and the nation, is considerably higher than the data from the 1990s. Carrying excess weight places individuals at much greater risk for future development and early onset of a wide variety of chronic diseases and health conditions. Overweight and obesity are generally caused by lack of physical activity, unhealthy eating patterns, or a combination of the two; with genetics, lifestyle and the environment also playing important roles in determining a person's weight. In addition, evidence is developing that links breastfeeding with the prevention of childhood and adolescent obesity. More promotion of the benefits of breastfeeding to all mothers seems to be an inexpensive intervention to prevent serious and costly chronic diseases later in life.

The four most important behavior changes that an individual can do to reduce his/her risk of developing a chronic disease are increasing their level of physical activity, improving their nutrition and refraining from tobacco use and using alcohol to excess. Whether one is engaging in a health promoting activity such as exercise or is living with a chronic disease such as diabetes or asthma, he or she is responsible for the day-to-day management. Without self monitoring and preservation, most established interventions like weight loss, improved nutrition, smoking cessation and diabetes management will not be sustained.

Three important factors contribute to improving health and an individual's quality of life:

- 1) People must take responsibility for healthy behaviors and monitoring their health.
- 2) The social environment of family, friends, worksites, childcare settings, schools, organizations, and cultures must be supportive.
- 3) The physical and policy environments of neighborhoods, communities, and governments must provide services and be conducive to integrate a self-management culture.

Areas for action:

- Schools
- Childcare
- Community
- Worksites
- Healthcare

Goals:

1. Increase active living for all in Lancaster County
2. Increase healthy eating for all in Lancaster County
3. Decrease the rates of obesity and those overweight in Lancaster County
4. Decrease tobacco use in Lancaster County
5. Increase utilization of preventive health services in Lancaster County (screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health)

Objectives:

1. Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)
2. Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)
3. Increase the percentage of Lancaster County adults who report consuming fruits and vegetables 5+ times per day from 15.9% to 20% by September 1, 2017. (BRFSS)
4. Increase the percent of Lancaster County WIC infants & children less than 2 years of age who are breastfed five weeks or more in duration from 54.9% to 60% by September 1, 2017 (WIC)
5. Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)
6. Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)
7. Decrease the prevalence of tobacco use among Lancaster County adults from 21.9% to 18.5% by September 1, 2017. (BRFSS)
8. Decrease the prevalence of tobacco use among Lancaster County youth from 16.4% to 14% by September 1, 2017. (YRBS)
9. Increase the number of adults reporting that they have had their cholesterol checked within the previous 5 years from 69.6% to 73% September 1, 2017.

INJURY PREVENTION

Vision Statement: A safe and injury free life for all Lancaster County residents.

Problem Statement: Prevention of injuries, both intentional and unintentional, continues to be a priority public health issue in Lincoln and Lancaster County. From 2009-9/2011 2,113 Lancaster County residents were treated in area hospitals for intentional injuries, and 67,037 for unintentional injuries. Leading causes of intentional injury during this three year period include spouse/partner domestic violence (726) and child maltreatment (153). Suicides resulted in 26 deaths in 2011 with only one suicide among teens (19 and under) during the years 2008 through 2011 (the one suicide). However, there have been 37 suicides as recently as 2006 and 2007 (37 each year) and from 2006 through 2008, there were a total of 14 suicides in the 10 to 19 age group. Leading causes of unintentional injury include falls (22,488), sports-related injuries (7,763), motor vehicle-related injuries (5,505), and poisonings (1,257). The physical, emotional, and financial toll these injuries take on individuals, families, and our community is enormous. While it may be difficult to measure the physical and emotional impact, financial impact to individuals and communities can be estimated through aggregate hospital charges, lost productivity, and years of potential life lost (YPLL).

This Community Health Improvement Plan provides three to five year goals, objectives, and action steps to reduce rates of the aforementioned causes of local intentional and unintentional injuries.

GOAL: Prevent unintentional injury and violence, and reduce their consequences

Objectives:

1. By 2017, increase observed use of safety belts in Lancaster County by 3%.
 - A. The Nebraska Safety Council should partner with [Safe Kids of Lincoln-Lancaster County](#) (SKLLC) and support a primary safety belt law.
2. By 2017 increase and proper use of child restraint systems in Lancaster County by 3%.
 - A. Safe Kids of Lincoln-Lancaster County to partner with LLCHD and Nebraska Safety Council to establish a permanent, no/low cost car seat fitting station by 2017.
 - B. Safe Kids of Lincoln-Lancaster County and the Nebraska Safety Council to enhance child restraint public education efforts by 2013.
3. By 2017, reduce injuries to child cyclists/pedestrians by 3%.
 - A. LLCHD and Safe Kids of Lincoln-Lancaster County to partner with LPS and neighborhood associations to provide a “toolkit” of child bike/pedestrian safety resources to elementary and middle schools by 2013.
 - B. LLCHD and Safe Kids of Lincoln-Lancaster County to partner with LPS, private school administrations, City of Lincoln Public Works, Nebraska Safety Council, and Nebraska

Unicameral to include safety and health professional, advocates, and parents in traffic design planning of new and existing schools by 2017.

4. By 2017, reduce crashes involving distracted youth drivers, 15-19 years of age, by 3%.
 - A. Nebraska Safety Council to partner with the Nebraska Department of Health and Human Services, Southeast Community College's Driver Education Program, Lincoln Police Department, and Lancaster County Sheriff's Office to support state and national student driver education and enforcement efforts.
 - B. Nebraska Safety Council to partner with Lincoln Police Department, Lancaster County Sheriff's Office, and auto insurance companies to enhance student education on risks/prevention of distracted driving.
5. By 2017, reduce number of Lancaster youth, 15-19 years of age, involved in gravel road accidents by 3%.
 - A. Nebraska Safety Council to partner with rural high school administrations to increase awareness of the specific dangers and consequences of driving on gravel roads to students and parents.
6. By 2017, reduce the rate of fall-related injuries to children 1-10 years of age occurring on public and private playgrounds by 3%.
 - A. LLCHD to partner with Lancaster County Child Care Association to conduct assessments of safety risks at a minimum of 100 public and/or private playgrounds.
 - B. LLCHD and Safe Kids of Lincoln-Lancaster County to enhance playground safety public education efforts.
7. By 2017, reduce the rate of fall-related injuries to adults 65 and older by 2%.
 - A. Aging Partners to partner with LLCHD, NE DHHS, and older adult housing facilities to implement an evidence-based, multi-faceted older adult fall prevention program.
 - B. Aging Partners to partner with LLCHD, and other health related agencies to enhance older adult fall prevention public education efforts.
8. By 2017, reduce the rate of sports-related injuries to children 4-14 years of age by 3%.
 - A. Safe Kids of Lincoln-Lancaster County to partner with local youth sports leagues/organizations to educate volunteer youth league coaches regarding risks, consequences, and prevention of sports-related injury through live and taped sports safety clinics, and provide parents with sports safety information.
9. By 2017, reduce the rate of unintentional poison-related injuries to children 0-14 years of age by 3%.

- A. LLCHD to partner with Safe Kids of Lincoln-Lancaster County Safe Kids, Lincoln-Lancaster County, and Nebraska Poison Control Center to provide poison prevention information to families, Head Start Programs, and child care providers using newsletters, trainings, and social media.
 - B. LLCHD to partner with Safe Kids of Lincoln-Lancaster County and Nebraska Pharmacy Association to promote increased participation in Nebraska MEDS Disposal TAKEAWAY Environmental Return System events from 2012 onward.
10. By 2017, reduce the rate of medication misuse injuries to adults 65 years of age and older by 3%.
- A. Aging Partners to partner with LLCHD, Nebraska Pharmacy Association, and other health related agencies to increase public awareness of the prevalence and dangers of drug misuse amount adults 65 and older.
11. By 2017, reduce youth involvement in physical fights by 3%.
- A. UNL to partner with LPS to support national, state, and local youth vs. youth violence prevention efforts.
12. By 2017, reduce the number of Lancaster County 9th-12th grade youth “seriously considering” suicide.
- A. Bryan Health to partner with LPS, and UNL to support national, state, and local youth vs. suicide prevention efforts.

NEXT STEPS

Some actions and efforts have already taken plan to accomplish the goals and objectives in this plan. However, there are some decisions that affect work plans and activities, especially as is affects the Access to Care and Behavioral Health objectives.

Awaiting Unicameral Votes/Federal Actions

With the achievement of many of the Access to Care and Behavioral Health objectives, as well as the preventive strategies, so dependent on the pending legislation to expand Medicaid in Nebraska, passage or defeat of the bill (LB 577) may dictate how to proceed to accomplish the proposed strategies and whether the goals need to be modified. Once it is known how the Affordable Care Act is to be implemented, work plans and strategies can be more clearly articulated. There are also some other legislative bills to be voted on, laws to be signed, regulations to be finalized as well as federal and state budgeting decisions (e.g., the primary seatbelt law, funding of prevention programs) that will necessarily

affect the planned actions in this plan. Planning groups need to monitor the changes and adapt the plans accordingly.

Selecting a New Provider of Community Mental Services

After the 2011 decision of the Lancaster County Board of Commissioner to move the services from the Community Mental Health Center to a private provider, Region V Systems created a process to select the provider(s) to deliver mental health and substance abuse services to the population at risk. At this time, six providers have been determined to have qualified for the RFP stage. With the current time line, proposals will be forthcoming in April and the County Board and Region V will make a decision by June. The outcome of the process (along with the Legislature and Governor's decision regarding Medicaid expansion) may dictate additional strategic moves that may need to be made to promote both the integration of primary and behavioral services and the "medical home" model.

Recruitment of Additional Partners

In order to achieve the overall goals and objectives in the CHIP, it is imperative that additional efforts to recruit community partners be undertaken over the next few years. As a community plan, no single agency is able to complete the work itself. While many key players and partners have been identified in the plan, and most have indicated they are willing to work towards the goals, there are other community partners that haven't signed on and still others, as yet identified, whose inclusion in the efforts and actions are vital to achievement of the CHIP's goals and objectives.

Monitor Progress and Maintain Flexibility

Over a three- to five-year period, there's a need to monitor progress towards objectives, decide whether the right strategies are in place and working; and to modify the strategies and plans as needed. The department will monitor progress annually to assess how successful the efforts have been and ascertain if any changes are needed. Likewise, other community partners will perform periodic assessments of whether their involvement has been successful and the goals have been achieved. For instance, local hospitals will need to update their community needs assessments every three years and funding agencies will expect progress reports if they fund any strategic actions to accomplish goals and objectives in the CHIP.

LLCHD Strategic Plan

Within the near future the Lincoln-Lancaster County Health Department (LLCHD) will undertake its internal strategic plan as part of the accreditation process. While the focus of the Department's programs is much broader, how the agency is addressing the priorities identified in the CHIP will be a key aspect of the strategic plan.

Addendum 1 – Injury Prevention

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Strategy: Implement and promote active transportation (walking and biking) in schools, worksites and communities.

Background: Active transport to interventions are designed to encourage and support youth and adults in engaging in active transportation (e.g., walking, bicycling, skating) to school or work. These programs have the potential to increase physical activity and improve health among a large number of people on a regular basis. Active transport to school interventions often use principles employed in urban design and land use policies and practices at both the street - and community - scale level. Therefore, these interventions have the potential to create sustainable environmental supports for maintaining physical activity in the long term, not only for students of the schools, but for other community members as well.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Safe Routes to School ó Implement a district-wide safe routes to school - Safe routes will be mapped for each of the schools - A website tool that provides students, classrooms, or schools to log on and count their steps and monitor over time, along with providing pedometers, walking packs, helmets, walking school bus resources and a safe routes newsletter are the focus areas of the project.	Teach a Kid to Fish, LLCHD	Fall 2014	LPS	-Document number of schools with completed safe routes and monitor utilization
Walking School Bus ó Initiate the opportunity for an active walking school bus district-wide - a group of children who walk together to school supervised by adults - Like a school bus, the group picks up children at stops along the way to school - The walk to school is made safer by the presence of trusted adults - The children may also bike to school in a bicycle train supervised by adults.	Teach a Kid to Fish, LLCHD	Annually	LPS, Parents, CLCø, before & after school programs Neighborhood Associations	-Document progress of number of schools implementing and maintaining a walking school bus; track number of children participating and adult volunteers
Mayorø Pedestrian and Bicycle Committee ó Working with LLCHD and other City Departments in recommendations for planning and design practices through built environments. Promotes city events encouraging physical activity and use of trails (International Walk to School Day, Mayorø Bike to Work Week, National Bicycle Challenge, Trail Trek, Biketacular	Committee Chair ó Barb Fraser	Ongoing	Mayorø Office, LLCHD, Parks and Rec.	-Document policies implemented and number of participating in community events -Measure adult leisure time physical activity reporting
Develop Bike/Pedestrian Educational Video ó öBike Lincö will be a bike education video series on City TV Channel 10 Health to highlight the Cityø trail system and bike/pedestrian/vehicle safety issues.	City TV ó 10 Health	Spring 2013	LLCHD, Parks and Rec., Public Works, local bike shops, GPTN	-Video program created and aired -Document viewership
Community Asset Mapping ó Develop community resource guide that promotes physical activity opportunities in four quadrants of the city to make it more convenient for families to find things close to where they live and work.	Teach a Kid to Fish	Summer 2013	LLCHD, family serving organizations	-Measuring awareness and distribution of maps, increase use of mapped opportunities

Strategy linked with objectives of physical activity and obesity

Strategy linked with action areas: Communities, Schools, Worksites,

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Strategy: Enhance community planning and design practices through built environments and policy changes that improve connectivity for bike lanes, sidewalks, paths, and trails through neighborhoods and among communities to increase access to physical activity opportunities

Background: The interaction between people and their environments, natural as well as human-made, has re-emerged as a major public health issue. A healthy community is one that continuously creates and improves both its physical and social environments. It also provides easy access and connectivity to other communities - places where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options. Individuals may have the necessary knowledge, skills, attitudes, and motivation to be physically active; however, if they do not have access to the necessary opportunities, they may be restricted or prohibited from being active. Having access to places and opportunities for physical activity and knowing these opportunities exist is important in order to increase physical activity. Neighborhoods that are safe, walkable, and aesthetically pleasing have been found to be associated with significantly greater amounts of walking than neighborhoods that have lower "walkability" scores. Improved pedestrian and cycling infrastructure may promote physical activity by making walking and cycling more appealing, easier, and safer.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
LPlan 2040 Comprehensive Plan ó The core promise embedded in LPlan 2040 is to maintain and enhance the health, safety and welfare of our community during times of change, to promote our ideals and values as changes occur, and to meet the needs of today without sacrificing the ability of future generations to meet their needs. LPlan 2040 is specific to Lincoln and Lancaster County and it recognizes the factors that make us unique. This Plan acknowledges the importance and interconnectedness of economic, environmental, and socio-cultural domains, and the ways in which technology and public policy are applied and affect outcomes in these domains.	Public Works, Urban Development	Ongoing	LLCHD, Great Plains Trails Network, Community Members	-Urban design encourages walking/bicycling which improve environmental & physical health. -Neighborhoods are friendly to pedestrians, children, bikes, elderly and people w/disabilities. -Mixed use communities that integrate a variety of housing types and commercial services and serve a variety of income levels allow people to live, work and shop within walking and biking distance.
Pedestrian & Bike Safety Task Force ó The primary goal of the Child Pedestrian & Bike Safety Task Force is to create a safer, more pedestrian/bike friendly community for children and their families living in Lincoln and Lancaster County. Bike helmets are made available at health fairs, bike rodeos, and other community safety events for a discounted price, and children are taught how to wear them correctly. Public and parochial elementary schools are provided bike/pedestrian safety resources.	Safe Kids	Ongoing	LLCHD, Public Works, Lincoln Police Dept., Community Members, TAKF	-Creating Point-in-time trail use and helmet use system
Great Plains Trails Network - The Great Plains Trails Network is a group of citizens who advocate and support a network of trails in and around Lancaster County for jogging, biking, walking, etc. The network seeks the acquisition, development and wide availability of trails by securing funding from public and private sources; working cooperatively with governmental agencies; lobbying for favorable legislation; and providing opportunities for persons to learn more about trails, their value and appropriate use.	GPTN	Ongoing	Community Members	-Create and implement better trail signs and mileage markers; Support a Master Plan for trails in Lincoln & Lancaster County; Acquire links to connect existing local trails; Plan for external trail connections with Omaha and the coast-to-coast American Discovery Trail Monitor trail usage; Work with governmental agencies to improve trail safety and utilization

Strategy linked with objectives physical activity and obesity

Strategy linked with action area: Community

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Develop and implement multidisciplinary programs to expand and enhance health care provider counseling and referral for overweight/obese children.

Background: The need for evidence-based treatment recommendations is a critical health care issue, because obese children and adolescents are at risk for developing many of the comorbidities seen in obese adults. Physician involvement is necessary for medical assessment, management, counseling, and coordination of multidisciplinary obesity treatment. Obese patients who receive counseling and weight management from physicians are significantly more likely to undertake weight management programs than those who do not. Multidisciplinary programs involving pediatricians, registered dietitians, registered nurses, exercise physiologists, and behaviorists are promising.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Community Approach to Child Health (CATCH) ó An American Academy of Pediatrics Integrated Community Intervention Model. Local program being implemented by Teach A Kid to Fish to increase screening for obesity and comorbidities in the school setting and increase access to a medical home resources.	Teach a Kid to Fish	Ongoing	Partnership of a Healthy Lincoln, LPS, LLCHD, Dr. Timothy Nelson	-Track behavior change modifications, weight loss or maintenance, medical home and community resource utilization
Foster Healthy Weight in Youth ó Nebraska's Clinical Childhood Obesity Model including a provider toolkit, pocket reference algorithm, patient brochures, office posters and training video on the assessment, prevention, and treatment of childhood obesity. All family physicians and pediatricians have received the clinical resources and have been trained in person on the use of these resources.	DHHS Nutrition and Activity for Health Program	Spring 2012	Teach a Kid to Fish, Creighton University School of Medicine, and the Nebraska Medical Association	-Document participation and resource requests from providers
Body Works Program - Provide an 8-week BodyWorks program for children ages 9-14 and their families incorporating nutrition education, fitness, and behavior interventions to reduce overweight and obese children and families.	Teach a Kid to Fish	Ongoing	LPS, Partnership for a Healthy Lincoln, LLCHD, Dr. Timothy Nelson	-Provide parents/caregivers with tools and strategies to improve family eating and activity habits -Help establish parent/caregiver self-efficacy -Support children and families in reaching and maintaining a healthy weight
Childhood Obesity Clinic ó Develop and implement a community obesity clinic. The clinic would provide comprehensive medical and psychological evaluation of overweight and obese children and adolescents. Each patient and family would be helped to develop a treatment program personalized to their situation and goals.	Teach a Kid to Fish	Fall 2014	Lincoln Dietetic Association, Bryan Health, SERMC	-Development of a business plan -Referral system established -Annual health report card system developed -Reduction in obese children

Strategy linked with objectives of physical activity, healthy eating and obesity

Strategy linked with action area: Healthcare, Schools and Community

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Provide teachers and child care providers with professional development and education to integrate physical activity and reduce screen time during the day.

Background: According to the National Association of State Boards of Education (NASBE), "Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally and socially." Studies demonstrate that healthy students perform better in school and attend school on a regular basis. The average student spends approximately 2,000 hours at school per year and making sure that time is spent in a healthy environment conducive to learning becomes the responsibility of educators, parents and the broader community.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Little Voices for Healthy Choices ó An early childhood program using Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) to improve nutrition and physical activity environmental policies of Lincoln child care centers utilizing a nutrition expert training child care centers on NAP SACC.	Teach a Kid to Fish	Spring 2015	Nebraska Department of Education, DHHS, Community Health Endowment, LLCHD, child care centers	-Document participation and policies implemented by area child care centers
54321 GO! - 5-4-3-2-1 GO! is evidence-based messaging which contains recommendations for children to promote a healthy lifestyle: 5 servings of fruits and vegetables a day 4 servings of water a day 3 servings of low-fat dairy a day 2 or less hours of screen time a day 1 or more hours of physical activity a day Presentations, curriculums and activities are available for schools and child care centers. Free lesson plans are available that promote part or all of the 5-4-3-2-1 Go! message that can be used by community organizations or families. A Child Care Toolkit is also available including flyers, posters, and activities to be used in centers and home child care.	LLCHD	Ongoing	Teach a Kid to Fish, schools, CLCs, child care centers, community centers, cultural centers	-Measuring community awareness levels, physical activity rates, policies implemented, center activities
Coordinated School Health - (SPARK Curriculum) Grant program from U.S. Department of Education to increase the amount of physical activity of students in Title I elementary schools. Includes professional development of physical education teachers and program staff of Community Learning Centers and provides physical activity equipment for schools and after school centers.	Marybell Avery, LPS	Ongoing	Partnership for a Healthy Lincoln, LPS, Community Learning Centers, YMCA, Lincoln Parks and Recreation, Teach a Kid to Fish	-Measuring change in physical activity rates, Healthy Fitness Zone scoring, obesity rates, teacher and program leader competency, etc.

Strategy linked with objectives of physical activity, healthy eating and obesity

Strategy linked with action area: Schools and Community

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Provide access to and opportunities for physical activity before, during, and after school.

Background: In 2008, the U.S. Department of Health and Human Services issued physical activity guidelines for Americans, ages 6 and older. These guidelines recommend that children and adolescents should participate in 60 minutes (1 hour) or more of physical activity daily. Students need access to physical activity throughout the school day to meet these recommendations. Schools can integrate physical activity throughout the school day by scheduling physical activity breaks and including physical activities during academic classes, creating opportunities for students to be active between classes, and providing physical activity before, during, and after school and through organized programs such as intramurals and recess.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Coordinated School Health - (SPARK Curriculum) Grant program from U.S. Department of Education to increase the amount of physical activity of students in Title I elementary schools. Includes professional development of physical education teachers and program staff of Community Learning Centers and provides physical activity equipment for schools and after school centers.	Marybell Avery, LPS	Ongoing	Partnership for a Healthy Lincoln, LPS, CLCø, YMCA, Teach a Kid to Fish, Lincoln Parks and Recreation	-Measuring change in physical activity rates, Healthy Fitness Zone scoring, obesity rates, teacher and program leader competency, etc.
54321 GO! - 5-4-3-2-1 GO! is evidence-based messaging which contains recommendations for children to promote a healthy lifestyle: 5 servings of fruits and vegetables a day 4 servings of water a day 3 servings of low-fat dairy a day 2 or less hours of screen time a day 1 or more hours of physical activity a day Presentations, curriculums and activities are available for schools and child care centers. Free lesson plans are available that promote part or all of the 54321 Go! message that can be used by community organizations or families.	LLCHD	Ongoing	Teach a Kid to Fish, schools, CLCø, child care centers, community centers	-Measuring community awareness levels, physical activity rates, policies implemented, center activities
Community Asset Mapping Project ó Developing a map of the Lincoln community with physical activity and healthy eating opportunities. The city will be segmented in 4 quadrants to help families find opportunities close to where they live, work and play.	LLCHD	Summer 2013	Teach a Kid to Fish, family serving organizations	-Measuring awareness and distribution of maps, increase use of mapped opportunities
Coordinated School Health Programs ó Partnership for a Healthy Lincoln helped establish a school wellness facilitator position to implement the Nebraska State Board of Educationø coordinated school health recommendations. This comprehensive approach to student health and obesity also involves a staff wellness effort.	LPS, PHL	Ongoing	Community Health Endowment, Lincoln Community Foundation, St. Markø Outreach Fund, Lancaster County Medical Society	-Measuring policies implemented, change in physical activity rates, Healthy Fitness Zone scoring, obesity rates, teacher and program leader competency, etc.

Strategy linked with objectives of physical activity, healthy eating and obesity

Strategy linked with action area: Schools and Community

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Strategy: Promote the use of existing parks, recreational facilities, fitness centers, and sports programs as opportunities for physical activity.

Background: Safe, accessible, and affordable places for physical activity (e.g., parks, playgrounds, community centers, schools, fitness centers, trails, gardens) can increase activity levels. Ensuring availability of transportation and developing these places with universal design features facilitates access and use by people of all ages and functional abilities. Public areas that are well-lit and patrolled by law enforcement have been shown to make communities safer and increase use of these places for physical activity. Implementing joint use or after-hours agreements for school gymnasiums and community recreation centers increases the use of these facilities by community members. In addition, providing opportunities for older adults to participate in physical activity (e.g., low-cost fitness classes at community centers) promotes functional health, lowers the risk of falls, and improves cognitive function.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Mayor's Pedestrian and Bicycle Committee ó Working with LLCHD and other City Departments in recommendations for planning and design practices through built environments. Promotes city events encouraging physical activity and use of trails (International Walk to School Day, Mayor's Bike to Work Week, National Bicycle Challenge, Trail Trek, Biketacular	Committee Chair ó Barb Fraser	Ongoing	Mayor's Office, LLCHD, Parks and Rec.	-Document policies implemented and number of participating in community events
Community Asset Mapping Project ó Developing a map of the Lincoln community with physical activity and healthy eating opportunities. The city will be segmented in 4 quadrants to help families find opportunities close to where they live, work and play.	LLCHD	Summer 2013	Teach a Kid to Fish, family serving organizations	-Measuring awareness and distribution of maps, increase use of mapped opportunities
Streets Alive ó An annual free, family-oriented event celebrating health/wellness in Lincoln. Walk, run, bike, skate or whatever mobility option you choose along a 3.3 mile route stretching from Trago Park via the Antelope Valley trails to Woods Park. The event features live entertainment, more than 50 exhibitors, fitness demonstrations and a fun, safe, pet-friendly way to get off the couch and away from the screens.	Partnership for a Healthy Lincoln	Annually	Community Partners	-Measure participation --- getting people out of their houses and active in the community
Great Plains Trails Network - The GPTN is a group of citizens who advocate and support a network of trails in and around Lancaster County for jogging, biking, walking, etc. The network seeks the acquisition, development and wide availability of trails by securing funding from public and private sources; working cooperatively with governmental agencies; lobbying for favorable legislation; and providing opportunities for persons to learn more about trails, their value and appropriate use.	GPTN	Ongoing	Many dedicated citizens	-Create and implement better trail signs and mileage markers; support a Master Plan for trails in Lincoln & Lancaster County; acquire links to connect existing local trails; plan for external trail connections with Omaha and the coast-to-coast American Discovery Trail; monitor trail usage; work with governmental agencies to improve trail safety and utilization
Family Serving Organizations - A variety of fitness, leisure interest, and human service and youth development programs are offered.	All	Ongoing	Lincoln Parks/Rec, YMCA's, Boys & Girls Club, Cultural Centers, CLC's, etc.	-Measuring membership participation

Strategy linked with objectives of physical activity and obesity

Strategy linked with action area: Community

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Objective: Increase the percentage of Lancaster County adults who report consuming fruits and vegetables 5+ times per day from 15.9% to 20% by September 1, 2017. (BRFSS)

Objective: Increase the number of adults reporting that they have had their cholesterol checked within the previous 5 years from 69.6% to 73% September 1, 2017.

Strategy: Establish chronic disease self-management programs and referral mechanism through health care providers

Background: Diabetes, arthritis, hypertension, lung disease are examples of chronic conditions that make life unmanageable for millions of older adults and force them to give up their independence too soon. The traditional medical model of caring for people with chronic conditions, which focuses more on the illness than on the patient, is expensive and often ineffective. Addressing chronic conditions requires new strategies to delay health deterioration, improve function, and address the problems that people confront in their day-to-day lives.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Living Well ó Chronic Disease Self-Management Program - CDSMP is a low-cost program that helps individuals with chronic conditions learn how to manage and improve their own health, while reducing health care costs. The program focuses on problems that are common to individuals suffering from any chronic condition, such as pain management, nutrition, exercise, medication use, emotions, and communicating with doctors. Led by a pair of trained facilitators who manage their own chronic health conditions, workshops cover 15 hours of material over a six-week period. During the program, approximately 156 20 participants focus on building the skills they need to manage their conditions by sharing experiences and providing mutual support.	DHHS	Ongoing	LLCHD, Lancaster County Medical Society, Aging Partners, YMCA, Senior Living Facilities	<ul style="list-style-type: none"> -Physician referral system established -Improvement in exercise and ability to participate in one's own care -Improved health status: fatigue, shortness of breath, pain, social activity limitation, illness intrusiveness, depression, and health distress. -Improved health behaviors in variables related to exercise, cognitive symptom management, communication with physicians, and self-efficacy.
Health Coach Model - Promote the health coach model within physician practices. Healthcare professionals provide case coordination and management within the medical home of chronic diseases such as diabetes and obesity. The use of a health coach within the medical home to address chronic diseases improves outcomes, reduces costs, decreases rates of hospitalization, and connects patients to community resources for nutrition and fitness. St. Elizabeth's Physician Network currently uses the health coach model.	LCMS	Ongoing	SERMC, Bryan Health	<ul style="list-style-type: none"> -Number of physician practices utilizing the health coach model. -Number of patients served by the model. -Rates of hospitalization, clinic visits, and complications of health coach patients. -Cost savings to be based on rates of hospitalization. -Specific disease measurements, such as decreased BMI for obese patients, or lower HgbA1C levels in diabetics can be measured to assess for improvements of the chronic disease.

Strategy linked with objectives of physical activity and healthy eating

Strategy linked with action area: Healthcare, Community

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Objective: Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)

Strategy: Identify, summarize, and disseminate best practices, models, and evidence-based physical activity interventions in the workplace.

Background: Technological advancements in the workplace have greatly improved efficiency, reduced redundancy of tasks, and maximized output. However, an unfortunate consequence is that many job tasks in the modern workplace have become increasingly sedentary. Hours at a desk, behind a wheel, or at a counter predispose employees to health problems, which lead to absenteeism, short-term disability, reduced quality of quantity of work, excess health care costs, and overall work impairment. Because of their close ties to employees, business and industry can encourage positive physical activity behavior change in a supportive context of workplace policies and culture. By leveraging community resources and using health benefits incentives, business and industry also have an opportunity to reach families and the broader community.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
WorkWell/Nebraska Safety Council ó Provides key worksite wellness initiatives in Southeast Nebraska including: Train-the-trainer meetings and workshops for non-health professionals to assist in the delivery of a good evidence-based wellness program; turn-key resources to save time for the worksite representative assigned to wellness; data collection services and wellness plan design through the use of a health risk appraisal and consultation services; and networking opportunities for companies to share successful program ideas.	Nebraska Safety Council	Ongoing	LLCHD, DHHS, local businesses	-Document policies implemented -Document positive changes in tobacco use, physical activity, fruit and vegetable consumption, overweight/obesity, and many other health behaviors -Measure changes in annual Health Risk Appraisals
Evidenced Based Policies: Ex: Stairwell enhancement; physical fitness/lifestyle counseling, walking trails/clubs; offer flexible work hours to allow for physical activity during the day; map out on-site trails or nearby walking routes; host walk-and-talk meetings; post motivational signs at elevators and escalators to encourage stair usage; provide bicycle racks in safe, convenient, and accessible locations.	Nebraska Safety Council	Annually	LLCHD, DHHS, local businesses	-Document policies implemented -Document positive changes in tobacco use, physical activity, fruit and vegetable consumption, overweight/obesity, and many other health behaviors -Measure changes in annual Health Risk Appraisals

Strategy linked with objectives of physical activity, healthy eating and obesity

Strategy linked with action area: Workplace

Objective: Increase the percentage of Lancaster County adults who report consuming fruits and vegetables 5+ times per day from 15.9% to 20% by September 1, 2017. (BRFSS)

Objective: Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)

Strategy: Train worksites on procurement of healthier foods, such as fruits and vegetables, which are sold in worksite vending machines and cafeterias.

Background: Worksite wellness policies can have long-term impacts on the health of employees and the community. At the same time, these initiatives can also reduce health care costs, increase productivity, reduce absenteeism and improve employee morale. Many employers have implemented worksite wellness programs to promote the health and well-being of their employees, but have not integrated these programs into written policies. Employers across the country are exploring innovative approaches to worksite wellness policies that incorporate a broad vision of health. Increasingly, these initiatives are geared toward improving the health of the workplace through healthy food procurement

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
WorkWell/Nebraska Safety Council ó Provides key worksite wellness initiatives in Southeast Nebraska including: Train-the-trainer meetings and workshops for non-health professionals to assist in the delivery of a good evidence-based wellness program; turn-key resources to save time for the worksite representative assigned to wellness; data collection services and wellness plan design through the use of a health risk appraisal and consultation services; and networking opportunities for companies to share successful program ideas.	Nebraska Safety Council	Ongoing	DHHS NAFH, LLCHD, local businesses	-Document positive changes in tobacco use, physical activity, fruit and vegetable consumption, overweight/obesity, and many other health behaviors
Evidenced Based: Distribute sample nutritional guidelines to businesses developed by DHHS NAFH that employers can voluntarily adopt for use in workplace cafeterias or vending machines (i.e. nutrition criteria, pricing strategies, percentages of healthy foods recommended in vending machines, and promotion strategies)	LLCHD, dietetic interns	Annually	DHHS NAFH, LLCHD, local businesses	-Document % of worksites that have adopted nutritional guidelines (from 2013/14 Worksite Wellness Survey)
Evidenced Based: Distribute point of sale icons to businesses developed by DHHS NAFH that include nutrition labels to help employees better identify healthier options in workplace cafeterias and vending machines.	LLCHD, dietetic interns	Annually	DHHS NAFH, LLCHD, local businesses	-Document % of worksites that offer healthier vending items and cafeteria options (from 2013/14 Worksite Wellness Survey)

Strategy linked with objectives healthy eating and obesity

Strategy linked with action area: Workplace

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Encourage schools and child care facilities to conduct self-assessments and develop action plans aimed at improvements with procurement of healthier foods that they can make in their policies, practices, and/or environments.

Background: Eating a healthy diet helps children stay alert during class, fight off illnesses, and grow into strong, healthy adults. School children get up to half the food they need each day at school, which makes schools an important place for learning healthy eating habits. School food policies help schools provide children with foods and drinks that are part of a healthy diet. The National School Lunch Program and the School Breakfast Program provide complete meals to millions of American children every day. The United States Department of Agriculture (USDA) requires the meals served by these programs to be healthy and nutritious. New guidelines effective in 2012 will make school meals healthier. School food policies may also include limits on food for celebrations and rewards, restrictions on food and beverage marketing in schools, and development of farm-to-school programs and school gardens.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
<p>54321 GO! - 5-4-3-2-1 GO! is evidence-based messaging which contains recommendations for children to promote a healthy lifestyle:</p> <ul style="list-style-type: none"> 5 servings of fruits and vegetables a day 4 servings of water a day 3 servings of low-fat dairy a day 2 or less hours of screen time a day 1 or more hours of physical activity a day <p>Presentations, curriculums and activities are available for schools and child care centers. Free lesson plans are available that promote part or all of the 54321 Go! message that can be used by community organizations or families. A Child Care Toolkit is also available including flyers, posters, & activities to be used in centers and home child care.</p>	LLCHD	Ongoing	Teach a Kid to Fish, LPS CLCø, Rec. Centers, Cultural Centers	-Measuring community awareness levels, healthy eating procurement policies implemented, fruits and vegetable consumption rates, center activities
<p>Little Voices for Healthy Choices ó An early childhood program using Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) to improve nutrition and physical activity environmental policies of Lincoln child care centers utilizing a nutrition expert training child care centers on NAP SACC.</p>	Teach a Kid to Fish	Spring 2015	Nebraska Department of Education, DHHS, Community Health Endowment, LLCHD, child care centers	-Document participation and policies implemented by area child care centers
<p>Sugar Beverages - Partnership for a Healthy Lincoln is working on a community-wide initiative to decrease consumption of sugar-sweetened beverages using a media campaign focused on education and changing facility environments by changing the content of vending machines.</p>	Partnership for a Healthy Lincoln	2013	Businesses, Schools, Hospitals, NMA	-Number of facilities that have signed on to a community beverage vending policy
			Alliance for Healthier Generation, Partnership for a Healthy Lincoln, Teach a Kid to Fish	-At least 10 organizations implement policies by end of 2013
<p>Lincoln Public Schools Wellness Committee ó Doing meaningful work for the students in the district, contributing both to successful learning performance and lifelong wellbeing. Partnership for a Healthy Lincoln is working with Lincoln Public Schools and several other organizations to improve and implement district-wide wellness policies regarding junk food fundraisers, the use of food as a reward, availability of healthy snacks, and the reduction of exposure to sugar-sweetened beverages.</p>	LPS	Ongoing		-Document policies implemented

Strategy linked with objectives healthy eating and obesity

Strategy linked with action area: Schools, Childcares

Objective: Increase the percentage of Lancaster County adults who report consuming fruits and vegetables 5+ times per day from 15.9% to 20% by September 1, 2017. (BRFSS)

Objective: Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Identify resources to support gardens of local farmers, professionals to encourage links between schools and child care, community garden programs, and local businesses

Background: Community garden programs can make lasting impact on communities by providing open space for community gatherings and family events, bringing neighbors together of various ages, races and ethnic backgrounds, offering educational opportunities and vocational skills for youth and adults, and helping build methods to encourage the donation of surplus produce to food shelters.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Community CROPS (Combining Resources, Opportunities, and People for Sustainability) of Community gardens providing the opportunity to share knowledge, educate, experience personal growth, and provide green spaces for mental, spiritual and physical healing and well-being. CROPS now has sixteen community garden sites, a training farm, a successful Community Supported Agriculture program, a regular stand at the Old Cheney Road Farmers' Market, and more.	Community CROPS	Ongoing	Community volunteers, businesses	-Document participation, production, expansion, sharing profits, etc.
Community CROPS Youth Program - Offers a variety of opportunities for young people to connect with growing, cooking and eating healthy vegetables. The Mickle Young Farmers Program is helping middle school kids learn about growing food as a business. At Prescott Elementary School, students are planting and growing a variety of fresh vegetables in their new garden beds. Sunset Community Farm, the CROPS training farm site, is available for tours by school groups, scout troops and others. Opportunities at the farm for kids to learn include seeing how vegetables grow; meeting chickens, identifying insects and much more. CROPS staff are available to present classes to groups of young people on gardening, cooking and composting.	Community CROPS	Ongoing	Community volunteers, businesses, LPS	-Measuring participation, knowledge gained, production, expansion, etc.
Development of a Community Food Security Plan - A strong, sustainable, local and regional food system that ensures access to affordable, nutritious, and culturally appropriate fresh food for all people at all times. It is a condition in which all community residents obtain a safe, nutritionally adequate diet through a food system that promotes community self-reliance and social equity.		Fall 2014	Lincoln Food Bank, CFPIN, DHHS, Community Crops, UNL Cooperative Extension, Teach a Kid to Fish, Nebraska Buy Fresh Buy Local, LLCHD, City of Lincoln, others	-Review other communities food security plans -Food systems plan developed for the community

Strategy linked with objectives healthy eating and obesity

Strategy linked with action area: Community, Schools

Objective: Increase the percent of Lancaster County WIC infants & children less than 2 years of age who are breastfed five weeks or more in duration from 54.9% to 60% by September 1, 2017 (WIC)

Strategy: Establish, expand and promote community based support for breastfeeding mothers

Background: Even though breastfeeding is strongly encouraged by public health and medical experts as the first step to prevent obesity in a child's life, exclusive breastfeeding rates remain low. The majority of mothers initiate breastfeeding in the hospital setting, but rates drop quickly in the early months of an infant's life. Hospital practices, peer support programs, outpatient breastfeeding services and work site practices all impact breastfeeding rates. Maternity care practices that support and encourage breastfeeding in the hospital setting have a lasting impact on a baby's likelihood of being breastfed. Once a mother leaves the hospital setting, it is vital that she be able to access timely and knowledgeable assistance if she experiences breastfeeding problems or requires additional information and support. The majority of WIC infants are covered by Medicaid insurance. While private insurance companies are now phasing in breastfeeding assistance, Medicaid does not provide coverage for breastfeeding help. Mothers are able to access limited help through some physician offices, and through peer counselor programs provided by La Leche League and Family Service WIC. Mothers are the fastest growing segment of the US labor force. Approximately 70% of employed mothers with children younger than 3 years of age work full time. One third of these mothers return to work within 3 months of giving birth and two thirds return within 6 months. The intent to work full time is significantly associated with lower rates of breastfeeding initiation, and, both the intent to work full time and working full time are associated with lower rates of breastfeeding duration.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Lincoln Community Breastfeeding Coalition - Pursue a community wide breastfeeding initiative to implement consistent, evidence based policies within Lincoln hospitals and among Lincoln breastfeeding support providers. Also establish a community-wide breastfeeding data collection system.	Lancaster County Medical Society, Partnership for a Healthy Lincoln	2014	Milkworks, Bryan Health, Saint Elizabeth Regional Medical Center, Teach a Kid to Fish, La Leche League, LLCHD WIC	-Policies are developed and implemented. -Community wide breastfeeding data collection system is established.
The Fair Labor Standards Act and Breastfeeding Mothers ó Continue awareness and education on the Fair Labor Standards Act	DHHS Nutrition and Activity for Health Program	2013	Milkworks, WorkWell, Nebraska Breastfeeding Coalition, Nebraska Women's Health Advisory Council	-Presentations/educational sessions provided and participation numbers documented -Worksite policies implemented
Expansion of Peer Support Programming ó Expand the provision of peer support programs both prior to and during breastfeeding.	Established Community Breastfeeding Coalition	2014	Saint Elizabeth Regional Medical Center, Bryan Health, MilkWorks, WIC agencies, La Leche League	-Measuring groups established, participation, breastfeeding rates of initiation, exclusivity and duration
Outpatient Support for Low Income Mothers - Pursue community wide support and funding for outpatient (post hospital) breastfeeding services for low income mothers and their babies. MilkWorks, a community breastfeeding center, has board certified lactation consultants and a breastfeeding medicine specialist. They provide comprehensive breastfeeding help for low income mothers with funding from local foundations and donors. The majority of this funding will expire in 2013.	Milkworks	2013	Family Service and LLCHD WIC, Nebraska Breastfeeding Coalition, Lincoln Community Breastfeeding Coalition, Saint Elizabeth Regional Medical Center, Bryan Health	-Measure support system implementation, funding sources, number of new mothers being served

Strategy linked with objectives healthy eating and obesity

Strategy linked with action area: Community, Worksites, Healthcare

Objective: Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Reduce sugar-sweetened beverage intake

Background: Sugar-sweetened beverages contain caloric sweeteners and include soft drinks (ōsodaō or ōpopō), juice drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar has been added. Sugar-sweetened beverages may also be referred to as sugary drinks or sugar-loaded drinks. Although many factors influence the rapidly increasing rates of obesity, research indicates that sugar-sweetened beverages play a significant role in driving current obesity trends. Some argue that individual food items should not be targeted in order to address obesity because any treat can be consumed in moderation. However, sugar-sweetened beverages are no longer being consumed as a treat, but rather as a regular and large contributor of daily calories. Sugar-sweetened beverages now account for approximately 10% of total calories consumed in the US diet. Today, 63% of adults and 80% of youth consume a sugar-sweetened beverage on an average day. The per-capita average consumption each year of carbonated soft drinks alone is estimated at 736 eight-ounce servings among Americans, or about 46 gallons a year per person. This figure does not include other sugar-sweetened beverages. Americans consume about 2506300 more daily calories today than several decades ago, and nearly half of this increase can be explained by greater consumption of sugar-sweetened beverages. Most sugar-sweetened beverages, including soda, offer ōemptyō calories, meaning they have no nutritional value, and do nothing to support health. Furthermore, in order to burn off the 150 calories found in a 12-oz soda, an adult must walk briskly for 30 minutes. Because so few people engage in this amount of exercise, consuming sugar-sweetened beverages makes it even harder to balance a healthy amount of calories.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Community Campaign ō Rethink Your Drink: working on a community-wide initiative to decrease consumption of sugar-sweetened beverages using a media campaign focused on education and changing facility environments by changing the content of vending machines.	Partnership for a Healthy Lincoln	2013	LCMS, LPS, LLCHD	-Number of facilities that have signed on to a community beverage vending policy
54321 GO! - 5-4-3-2-1 GO! is evidence-based messaging which contains recommendations for children to promote a healthy lifestyle: 5 servings of fruits and vegetables a day 4 servings of water a day 3 servings of low-fat dairy a day 2 or less hours of screen time a day 1 or more hours of physical activity a day Presentations, curriculums and activities are available for schools and child care centers. Free lesson plans are available that promote part or all of the 54321 Go! message that can be used by community organizations or families. A Child Care Toolkit is also available including flyers, posters, & activities to be used in centers and home child care.	LLCHD	Ongoing	Teach a Kid to Fish, LPS CLCŌ, Rec. Centers, Cultural Centers	-Measuring community awareness levels, healthy eating procurement policies implemented, fruits and vegetable consumption rates, center activities
Nebraska Safety Council/WorkWell: Distribute sample nutritional guidelines to businesses developed by DHHS NAFH that employers can voluntarily adopt for use in workplace cafeterias or vending machines (nutrition criteria, pricing strategies, % of healthy foods recommended in vending machines, and promotion strategies)	LLCHD ō dietetic interns	Annually	LLCHD, dietetic interns	-Document % of worksites that have adopted nutritional guidelines (from 2013/14 Worksite Wellness Survey)
Nebraska Safety Council/WorkWell: Distribute point of sale icons to businesses developed by DHHS NAFH that include nutrition labels to help employees better identify healthier options in workplace cafeterias and vending machines.	LLCHD ō dietetic interns	Annually	LLCHD, dietetic interns	-Document % of worksites that offer healthier vending items and cafeteria options (from 2013/14 Worksite Wellness Survey)

Strategy linked with objectives healthy eating and obesity

Strategy linked with action area: Community

Objective: Decrease the prevalence of tobacco use among Lancaster County adults from 21.9% to 18.5% by September 1, 2017. (BRFSS)

Strategy: Implement community and organizational policies for smoke free/tobacco free environments

Background: A smoke-free policy is an effective strategy for reducing exposure to secondhand smoke. Employers, regulatory agencies, and policymakers implement smoke-free policies to eliminate smoking in designated settings. Types of smoke-free policies include voluntary policies implemented by businesses or organizations; regulations issued by accrediting agencies or boards of health; or laws enacted by local, state, or federal governments. Policies are implemented to provide protection from secondhand smoke exposure, to create healthier environments, and to change social norms around tobacco use. They may also have the added benefits of encouraging smokers to reduce their overall tobacco consumption and aiding those trying to quit. Smoke-free policies are increasing in number in various settings throughout the United States. Although outdoor public places may be targeted, policies most commonly are implemented in indoor worksites and public places to protect employees, patrons, and visitors from secondhand smoke exposure.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Lincoln Smoking Regulation Act ó The Lincoln Police Department (LPD), Lancaster County Sheriff's Office (LSO) and Lincoln-Lancaster County Health Department (LLCHD) will work together to enforce the Lincoln Smoking Regulation Act and the Nebraska Clean Indoor Air Act. LLCHD Tobacco Health Educators and Air Quality inspectors will track and respond to complaints, work with businesses to comply with the Act and discuss designation of smoke-free entrances within 15 feet or more of the outside doorways. LPD and LSO will investigate and issue citations for observed violations of the Act.	LLCHD	Ongoing	LPD, LSO	Evaluation of non-compliance to the city and state policy
Workplace Policies ó Businesses will receive information on smoke-free tobacco campus policy and be encouraged to work towards enacting a policy.	LLCHD	Ongoing	Nebraska Safety and Wellness Council, Businesses	Increase the number of worksites with smoke/tobacco free policies
Multi-unit Housing ó Identify a minimum of 38 additional multi-housing buildings with a voluntary smoke-free policy to be added to the Smoke-Free Housing Registry. Contact a minimum of 40 retirement and assisted living businesses regarding conducting tobacco prevention education presentations with administration, staff and clients.	LLCHD	Fall 2014	Multi-unit Housing Administrators	Increase the number of multi-unit housing with smoke/tobacco free policies
Smoke-Free Housing Options Booklet ó Lancaster County booklet will be used to educate a minimum of 200 multi-unit housing owner/managers on the benefits of smoke/tobacco-free policy. An article on the benefits of smoke-free housing policies will be placed in REOMA's (Real Estate Owners and Managers Association) newsletter and in the Lincoln Housing Authority's newsletter reaching 6,000	LLCHD	Fall 2014	Multi-unit Housing Administrators	Increase the number of multi-unit housing with smoke/tobacco free policies
Tobacco Free Parks/Recreation Areas ó Provide awareness and education in the Lincoln community about the importance of tobacco-free parks and recreation areas. A campaign will be developed to educate about the new city executive order for smoke free parks.	LLCHD	Summer 2013	City of Lincoln, Parks and Recreation, TFLC	Document awareness activities and changes in public knowledge

Strategy linked with objectives of tobacco use

Strategy linked with action area: Community, Worksites

Objective: Decrease the prevalence of tobacco use among Lancaster County youth 16.4% to 14% by September 1, 2017. (YRBS)

Strategy: Utilize school, community and law enforcement collaborations to prevent youth initiation

Background: Retailers play a role in protecting the health of America's youth by not selling, marketing, or advertising cigarettes or smokeless tobacco products to underage children and adolescents. Tobacco use causes more than 400,000 deaths each year, and, because a large majority of Americans start smoking before reaching the age of 18, many of these deaths can be prevented by discouraging young people from initiating tobacco use.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
ID Check Training - The Lincoln Police Department will provide six Tobacco ID trainings for an estimated 35 owners, managers and employees of tobacco retail stores. This training is designed to provide information to prevent the sale of tobacco products to minors and will include Nebraska laws concerning tobacco, what to look for when checking a driver's license or ID card, what to do when minors attempt to purchase tobacco, and how to responsibly display tobacco products.	LPD	Ongoing	LLCHD	-Document number of attendees and change in knowledge
Tobacco Compliance Checks - At least three youth volunteers aged 14-17 will be recruited for each compliance check and trained in appropriate purchase procedures and paper documentation prior to participating in the tobacco compliance check program. A minimum of 16 tobacco retailer compliance checks will be done in Lincoln. At least 2 law enforcement vehicles, each with 2 officers and 1-2 youth, will assess an average of 40 Lincoln tobacco retailers during each check. A minimum of 4 tobacco retailer compliance checks will be done in rural Lancaster County. Three to four law enforcement vehicles, each with 1 deputy and 1-2 youth, will assess 15-20 rural tobacco retailers during each check.	LLCHD	Ongoing	LPD, LSO	-Document compliance rate

Strategy linked with objectives of tobacco use

Strategy linked with action area: Worksites

Objective: Decrease the prevalence of tobacco use among Lancaster County adults from 21.9% to 18.5% by September 1, 2017. (BRFSS)

Strategy: Expand and enhance collaboration among health care providers and community tobacco cessation resources aimed at improving promotion, referral and utilization.

Background: This strategy's primary focus is to have healthcare providers identify tobacco-using patients and both increase the frequency and improve the effectiveness of their treatment. This strategy can be used in various healthcare delivery systems (i.e., a network of healthcare professionals and facilities organized to deliver patient care, such as private practices, managed care organizations, hospitals, and public health clinics) and can involve a variety of healthcare provider specialties such as primary care, cardiology, pulmonology, surgery, obstetrics, and dentistry.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Family Physicians - Assist with educating family physicians at state and local meetings and through online CME on effective treatment for tobacco dependence. Encourage family physicians to ask patients about tobacco use and act to help them quit. Distribute provider materials on motivational interviewing. Share local cessation resources.	LCMS	Ongoing	Physicians Network, Tobacco Free Nebraska, LLCHD	-Document education sessions and number of participants, materials distributed, referral rates
Healthcare provider reminder system ó Assist offices to implement a system that identifies patients who use tobacco and reminds clinicians to advise these patients against tobacco use at every visit. Individuals from the clinical or office staff manage the system, and clinicians are reminded through the use of medical chart stickers, medical record flow sheets, or checklists. A reminder system can also work by expanding the vital signs profile to include tobacco use. With electronic medical record systems, automated versions of these methods have been created.	LCMS	Fall 2014	Physicians Network, Tobacco Free Nebraska, LLCHD	-Measure whether systems are implemented, referral rates, quit rates

Strategy linked with objectives of tobacco use

Strategy linked with action area: Healthcare

Objective: Increase the number of adults reporting that they have had their cholesterol checked within the previous 5 years from 69.6% to 73% September 1, 2017.

Strategy: Create systems or promote system changes that will increase preventive health screening, particularly for minority and underserved populations.

Background: Preventive screenings are an important part of health promotion efforts. Many preventive screenings have been recognized as a cost-effective way to identify and treat potential health problems before they develop or worsen. All adults age 20 or older should have a cholesterol test once every five years. Your blood offers many clues about your heart health. For example, high levels of "bad" cholesterol in your blood can be a sign that you're at increased risk of having a heart attack.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
<p>Million Hearts – A national initiative to prevent 1 million heart attacks and strokes over five years. Million Hearts brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke.</p> <p>CIMRO of Nebraska, the Nebraska Department of Health and Human Services and the American Heart Association (Midwest chapter) have recently partnered to launch the ABCS Learning and Action Network (LAN) to improve cardiovascular health in Nebraska. The LAN will work to align efforts and help partners experience success as we work towards common, unifying goals of Aspirin for people at risk (and A1C in the case of diabetes), Blood pressure control, Cholesterol management and Smoking cessation (ABCS).</p>	CIMRO	Ongoing	DHHS, NE Heart Assn., SERMC, LLCHD, NE Pharmacy Assn.	<p>Make clear, through communication, clinical measurement and reporting, to healthcare providers and outpatient health care facilities that improving care of the ABCS clinical measures, starting with high blood pressure is a top priority</p> <p>A ó aspirin therapy for high risk & A1C screens</p> <p>B ó Blood Pressure Screening</p> <p>C ó Cholesterol Screening</p> <p>S ó Smoking Cessation</p>
Action Now ó Community Diabetes Prevention and Control Coalition ó promoting öKnowing Your Numbersö blood pressure, cholesterol, BMI	LLCHD	Ongoing	SERMC, B&R Stores, MTK, YMCA, DHHS, TAKF,	-Measuring screening progress with minority populations
Nebraska Safety Council/WorkWell: Health Risk Appraisal promotion with biometric screening to businesses	Nebraska Safety Council	Annually	Local Businesses	-Measuring annual HRA results

Strategy linked with the preventive health screening objective

Strategy linked with action area: Healthcare, Community

Addendum 2 – Chronic Disease

GOAL: Prevent unintentional injury and violence, and reduce their consequences

Motor Vehicle

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, increase observed use of safety belts in Lancaster County by 3%. (Baseline 82%, 3 year average, 2010-12 NDOR)	Support a primary safety belt law.	Nebraska Safety Council	SKLLC, Lincoln-Lancaster County Health Department
By 2017, increase use (and proper use) of child restraint systems in Lancaster County by 2%. (Baseline 94%, 3 year average, 2010-12 NDOR)	Establish a permanent, no/low cost car seat fitting station by 2017.	SKLLC	Lincoln-Lancaster County Health Department, Nebraska Safety Council
	Enhance child restraint public education efforts by 2013.	SKLLC	Nebraska Safety Council
By 2017, reduce injuries to child cyclists/pedestrians by 3%. (Baseline 213, 2009-9/2011 annual average NHA)	Provide a “toolkit” of child bike/pedestrian safety resources to elementary, middle schools, and neighborhood associations by 2013.	Lincoln-Lancaster County Health Department, SKLLC	LPS, Neighborhood Associations
	Include safety and health professionals, advocates, and parents in traffic design planning of new and existing schools by 2017.	Lincoln-Lancaster County Health Department, SKLLC	LPS, Private School Administrators, City of Lincoln Public Works, Nebraska Safety Council, Nebraska Unicameral
By 2017, reduce number of Lancaster County youth 15 to 19 years of age involved in distracted driving crashes by 3%. (Baseline 1,496, 2009-9/2011 annual average NDOR)	Support state and national student driver education and enforcement efforts.	Nebraska Safety Council	NEDHHS, SCC Driver Education Program, Lincoln Police Department, Lancaster County Sheriff’s Office
	Enhance student education on risks/prevention of distracted driving.	Nebraska Safety Council, Lincoln-Lancaster County Health Department	Lincoln Police Department, Lancaster County Sheriff’s Office, LPS, auto insurance companies
By 2017, reduce number of Lancaster youth 15 to 19 years of age involved in crashes on unpaved roads by 3%. (Baseline 49, 2009-9/2011 annual average NDOR)	Increase awareness of the specific dangers and consequences of driving on gravel roads to students and parents.	Nebraska Safety Council	Rural high school administrations

Falls

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, reduce the rate of fall-related injuries to children 1 to 10 years of age occurring on public and private playgrounds by 3%. (Baseline 133, 2009-9/2011 annual average NHA)	Conduct assessments of safety risks at a minimum of 100 public and/or private playgrounds.	LLCHD	Lancaster County Child Care Association
	Enhance playground safety public education efforts.		Lincoln-Lancaster County Health Department, SKLLC
By 2017, reduce the rate of fall-related injuries to adults 65 and older by 2%. (Baseline 2,396, 2009-9/2011 annual average NHA)	Implement an evidence-based, multi-faceted older adult fall prevention program.	Aging Partners	Lincoln-Lancaster County Health Department, NE DHHS, older adult housing facilities
	Enhance older adult fall prevention public education efforts.	Aging Partners	Lincoln-Lancaster County Health Department, Aging Partners, and other health related agencies

Sports Safety

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, reduce the rate of sports related injury to children 4 to 14 years of age by 3%. (Baseline 574, 2009-9/2011 annual average NHA)	Educate volunteer youth league coaches regarding risks, consequences, and prevention of sports-related injury through live and taped sports safety clinics.	SKLLC	Local youth sports leagues/organizations
	In partnership with youth sports leagues, provide parents with sports safety information.	SKLLC	Local youth sports leagues/organizations

Poison Prevention

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, reduce the rate of unintentional poison-related injuries to children 0 to 14 years of age by 3%. (Baseline 134/year 2009-9/2011 NHA)	Provide poison prevention information to families, Head Start programs, and child care providers using newsletters, trainings, and social media.	LLCHD	SKLLC, Nebraska Poison Control Center
	Promote increased participation in Nebraska MEDS Disposal TAKEAWAY Environmental Return System events from 2012 onward.	LLCHD	SKLLC, Nebraska Pharmacy Association
By 2017, reduce the rate of medication misuse injuries to adults 65 years of age and older by 3%. (Baseline ___ NPCC)	Increase public awareness of the prevalence and dangers of drug misuse among adults 65 and older.	Aging Partners	Lincoln-Lancaster County Health Department, Nebraska Pharmacy Association, and other health related agencies

Intentional Injury Prevention

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, reduce youth involvement in physical fights by 3%. (Baseline 25.7%, 2011 YRBS)	Support national, state, and local youth vs. youth violence prevention efforts.	UNL	LPS
By 2017, reduce the number of Lancaster County 9 th -12 th grade youth "seriously considering" suicide by 2%. (Baseline 12.3%, 2011 YRBS)	Support national, state, and local youth vs. suicide prevention efforts.	Violence Prevention Council	LPS, UNL

Overview of Community Health Status and Available Resources in

Lincoln and Lancaster County

This appendix provides a brief summary of information and data about the health status of Lincoln and Lancaster County residents and available health resources based on the latest available data. Much of the information comes from a community health status assessment report conducted as part of a recent MAPP ([Mobilizing for Action through Planning and Partnership](#)) process, which was a community planning process led by the Lincoln-Lancaster County Health Department. The MAPP effort included broad-based representation from the Department's many community partners and stakeholders.

A community's health status, just like an individual's health status, changes over time. While available information in many areas indicates that Lincoln and Lancaster County's measures are in the good to excellent range, there are other areas where local measures are average to below average. Even in the areas where the community's health status is better than average there is still room for improvement. When viewing the health indicators for the community over time year-to-year changes in several measures are subtle or not very noticeable while others fluctuate from year to year or show an upward or downward trend over a five- to ten-year time horizon. That is why some data or measures (whether counts, averages or rates) from the latest year might give us a pretty good feel for the community's current overall level of health status. However, many available measures deviate significantly from year to year—falling in some years, rising in other years with no discernible short-term trend. Since there are many factors (e.g., socioeconomic indicators, demographic characteristics, and the healthcare infrastructure) that directly or indirectly influence the level of health in a community, in the pages that follow these [social determinants of health](#) will also be discussed in brief.

Summary

Demographic Profile

- From 2000 to 2010 Lancaster County's population increased by 14.8 percent and future growth is expected over the next several decades with a [projected](#) population of more than 410,000 in the year 2040.
- In addition to growth in population, Lancaster County's population has become even more diverse over the last decade as racial and ethnic populations grew significantly from 2000 to 2010. Persons of Hispanic origin (may be of any race) nearly doubled in size as there was a 97.8 percent increase in the Latino/Latina population over the decade. The African American and Asian populations that essentially tie as the second largest racial groups have also grown over the decade. Perhaps even a more significant diversity influence is the growth in the number of individuals who classify themselves as belonging to two or more racial groups.
- Looking at age groups, over the decade Lancaster County's elderly population grew at a higher rate than the overall population. The county's population aged 62 or older increased by 27.0 percent from 2000 to 2010 versus the overall growth of 14.8 percent. Over the next several decades this disproportionate growth among the elderly population (those 65 and older) is projected to continue. In fact, in 2010 the elderly population represented 10.9 percent of Lancaster County's population, but by 2020 the elderly are projected to represent 14.5 percent of the population; in 2030, 17.7 percent, and by 2040, 18.2 percent. These projections are based on the "trend rate" population model for [Lancaster County](#).
- When socioeconomic characteristics of the population are examined, it is evident that the community has pockets of poverty and socioeconomic concerns (discussed below) that stand out despite Lincoln's record of having one of the [lowest rates of unemployment](#) in the nation.
- Year 2010 estimates by the Census Bureau from their [Small Area Poverty and Income Estimate](#) (SAIPE) model for Lancaster County indicated that 14.8 percent of the population had family incomes below the poverty level. For children under 18, the poverty rate estimate is even higher, at 17.6 percent. There are other

subpopulations with high poverty rates, as indicated by the number of students qualifying for free and reduced meals (43 percent) in the Lincoln Public Schools.

- Estimates of median income from the same source (SAIPE) show the county's median income as \$50,197 in 2010, which is higher than the Nebraska median income estimate of \$48,415 and only slightly above the national median income estimate of \$50,046.
- In [2011-12](#), Lincoln Public Schools (LPS) reported 35,176 students enrolled in grades kindergarten through 12th grade. Of this number, about 30 percent came from ethnically diverse cultures, 43 percent received free or reduced price lunches, 13.8 percent had an identified disability, and 6.3 percent participated in the English Language Learner program. A total of 56 languages other than English were spoken by students. The on-time graduation rate in the Lincoln Public Schools was 83.4% with another 11.6% still attending after the expected year of graduation.

General Health Status (Adults)

Before discussing measures of health status, there is a recent change in the data source used to report many of the health status and related risk factors. Health information is generally reported from survey results and vital statistics data. Health behavior data about adults (those 18 and older) most often come from the [Behavioral Risk Factor Surveillance System](#) or BRFSS. The BRFSS began in 1984, randomly surveying adults about their health behaviors and whether they have selected health diseases or conditions. Over the years, in order to provide trend information the BRFSS questions have generally been kept the same.

Even though there have been few changes in most BRFSS questions, recently there have been other changes in the BRFSS sampling and weighting methodologies. Since BRFSS is conducted via telephone surveys, the representativeness of the sample of people surveyed has come into question over time since many people have dropped their landline telephone service and utilize their cell phones either exclusively or predominately. During the past few years the CDC and state BRFSS programs began including cell phone numbers in the survey sample to produce a more representative sample of the population. Furthermore, while the BRFSS survey results for 2010 and prior years were all weighted to make the overall response better reflect the population at large, beginning with 2011, a new more sophisticated weighting process was introduced. Therefore, because of the introduction of a new weighting methodology and inclusion of respondents who answer from their cell phones, the 2011 BRFSS results are not going to be compared with BRFSS results for 2010 and prior years. The 2011 BRFSS will become the baseline for a new trend that will be evident with the BRFSS results from 2012, 2013 and future years.

One consequence of the changes in 2011, besides the effect on trends, is that the prevalence for many key health behaviors and conditions will be higher than would have been the case based on the old survey methodology. One reason is that more young people, minorities and persons from lower socioeconomic groups are now being reached by cell phones in the BRFSS sample, thus making for a survey sample more representative of the overall population. The second reason is the use of a more complex weighting process. The combined effects of these changes are BRFSS results that more accurately reflect the true prevalence of risk behaviors and conditions among adults in Lancaster County and any other geographic regions for the state and nation.

Due to the changes, for the discussions that rely on BRFSS data, the 2011 BRFSS data will be discussed and no BRFSS for 2010 and before is presented here except where noted.

- In the bulleted information that follows, Lancaster County survey results are compared to the state and nation. Overall, on the basis of self-reported responses from the Behavioral Risk Factor Surveillance System or [BRFSS](#) surveys for 2011, Lancaster County residents generally have health conditions and risky behaviors at rates that are better than rates for Nebraska and the nation, but not for all:

- Lancaster County residents indicate that they have a lower incidence of several conditions than the state and nation:
 - Lower incidence of high blood pressure
 - Lower rate of elevated cholesterol
 - Smaller percent of persons having had a heart attack
 - Lower percent of respondents having angina or coronary heart disease
 - Slightly lower lifetime diagnosis of asthma
 - Those currently diagnosed with asthma
 - Those persons diagnosed with diabetes

Leading Causes of Death

- In 2011 cancer remained the leading cause of death (446 or 22.6 percent of the 1,974 deaths) in Lancaster County, followed by heart disease (335), chronic lung disease (119), unintentional injuries (accidents—91), cerebrovascular disease (89) and Alzheimer’s disease (63).
 - Among the cancers, lung cancer was the leading cause of cancer death (114 deaths), followed by colorectal cancer (40). Female breast (22) and prostate (23) cancers were the leading gender-specific causes of death.
 - While unintentional injuries (accidents) were the fourth leading cause of death overall, unintentional injuries are the leading cause of death for persons 1 to 44, and they are second only to cancer in years of potential life lost (YPLL) before the age of 75.
- All of the top ten leading causes of death can be positively impacted by lifestyle changes and prevention efforts with the possible exception of Alzheimer’s disease (and that is being researched).

Maternal and Child Health

- The number of Lancaster County births has been fairly steady over the past several years, with a range of 4,100 to 4,200. However, 2011 births dropped from 4,153 in 2010 to 3,951 in 2011, which has modified the low end of the range.
- The number of births to teens (mothers under 20) fell to 198 in 2011, which is down from 241 in 2010 and from the recent high of 309 in 2003.
- The [infant mortality rate](#) has fallen over time, but is somewhat volatile on a year-to-year basis. In 2009 the Lancaster County infant mortality rate reached a low of 4.8 infant deaths per 1000 live births that year. However, the infant mortality rate increased to 5.5 infant deaths per 1000 live births in 2010. In 2011, the most recent year for which we have data, the rate dropped again to 5.1 infant deaths per 100 live births. For perspective, the total number of infant deaths in 2011 was 20 so rates based on small numbers can be volatile.
- Since 2005 there’s been little change in the percent of mothers starting prenatal care in the first trimester, with the percent hovering around 75 percent. The rate varies by the age of the mother, as younger mothers have a lower rate of initiating prenatal care during the first trimester of their pregnancy, while older mothers start prenatal care at a higher rate in the first trimester. In 2011 only 62.3 percent of mothers under 20 began their prenatal care in the first trimester while mothers aged 25 to 29 began care in the first trimester at a rate of 85.4 percent and mothers 30 and over had an 85.9 percent initiation rate during the first trimester of their pregnancy.
- Overall, there has been a downward trend (improvement) in the percent of Lancaster County mothers who have had “inadequate” prenatal care based on the Kotelchuk Index. The Kotelchuk Index measures adequacy of prenatal care (adequate, inadequate or intermediate) by using a combination of the following factors: number of prenatal visits; gestation; and trimester prenatal care started. The percent of Lancaster County

mothers who had inadequate prenatal care based on the Kotelchuk Index decreased from 14.6 percent in 2005 to 12.4 percent in 2011.

- The rate of low birth weight (LBW) babies for teens has historically been higher than any other age cohort of moms, although the 2011 LBW results were better for all ages of mothers. The 2011 percent of LBW for moms under 20 was 8.6 percent versus an overall rate of 6.5 percent. African American mothers have a consistently higher rate of LBW births when compared to any other racial group.
- The upward trend in unmarried mothers has continued with 30.7 percent of mothers in 2011 unmarried at the time of their delivery. Despite the increases over time, the local rate of unmarried mothers compares favorably to the latest rates for both state (33.2 percent in 2011) and national rates (41 percent in 2009).

Communicable Diseases

Reportable Disease (selected)	2008	2009	2010	2011	2012
Vaccine-preventable					
Hepatitis A	9	7	0	1	3
Hepatitis B (Acute and Chronic)	56	50	43	41	18
Influenza	12	188	8	55	34
Pertussis	24	19	32	2	20
Sexually-Transmitted					
AIDS	19	8	12	6	6
HIV	16	16	21	6	11
Chlamydia	996	1108	1033	1234	1345
Gonorrhea	353	283	238	251	390

Vaccine Preventable Diseases

In recent years, the case numbers for vaccine-preventable diseases are not very large overall. In the case of influenza, the numbers are for confirmed cases and do not reflect the true dimensions of the pandemic H1N1 2009 flu outbreak of 2009-2010 or even for regular seasonal flu as providers usually don't report clinically diagnosed cases once influenza is circulating in the community. Cases of pertussis increased in the nation in 2012 and local cases also increased in 2012. Due to the waning immunity conferred by the pertussis vaccine over time, there is a push to get adolescents and adults, especially expectant parents and caregivers of infants, to seek a booster ([Tdap](#)) against pertussis.

Sexually Transmitted Infections

Sexually transmitted diseases are likely to be underreported even though providers are required to report about patients with the disease. The reported data on sexually transmitted infections, as shown in the table above, identifies chlamydia and gonorrhea as the most common sexually transmitted infections (sexually transmitted diseases) in Lancaster County. AIDS and HIV case numbers are relatively small, but all of these cases are investigated and measures are taken to prevent the spread. Another sexually transmitted disease, syphilis, is not shown in the table as there were no cases diagnosed in 2012 and only a handful of cases over the past five years. Nonetheless, the department remains vigilant in finding AIDS, HIV and syphilis cases.

As indicated, the most common sexually transmitted diseases in the community are chlamydia and gonorrhea. Chlamydia affects both men and women and occurs in all age groups, but it is most prevalent in young women. Many people do not show symptoms, but once chlamydia is detected it is easily treated. However, if left untreated,

chlamydia can lead to more serious health problems. In Lancaster County, there has been a gradual increase in chlamydia cases over the past several years. After a dip in gonorrhea cases from 2008 to 2009, which held through 2011, the 2012 gonorrhea case numbers rose again to a level above 2008. A review of rates for these diseases reveals that Lancaster County chlamydia and gonorrhea rates are below the Douglas County rates and similar to [national rates](#) (sometimes a little above or below) although they have been consistently above the [Nebraska rate](#).

Environmental Health

Environmental public health encompasses more than just assuring the quality of air, water and other physical aspects (e.g., soil types, radon, solid waste) of the natural environment. It also includes food- and waterborne disease prevention through education and regulation.

Looking first at the natural environment, Lancaster County residents are fortunate to have clean air and safe drinking water. Local monitoring for levels of both ozone and particulate matter over the past several years have indicated no more than a day or two when the levels are unsafe. Air quality is monitored and reported daily at http://airnow.gov/index.cfm?action=airnow.local_city&cityid=537. In addition to ozone and fine particulate levels, there are several days each year when smoke and haze from fires burning in Kansas or around the 4th of July make it unhealthy for persons with respiratory conditions to be outside. On those days the Health Department generally issues a press release to warn residents who may be affected. Furthermore, the Health Department regulates local industries and facilities to be sure that their emissions levels are safe and within the guidelines set the Environmental Protection Agency (EPA) and the Nebraska Department of Environmental Quality (DEQ).

The Lincoln Water System (LWS) monitors water quality and issues [annual reports](#) to the citizens about the levels of chemicals, minerals and compounds in the water. The water quality in Lincoln is high and meets or exceeds all standards set by the EPA. The [Health Department](#) also regulates and inspects private wells and sewage systems to be sure that they are safe and meet standards. [Radon levels](#) in this part of the state are generally high, but there are a number of factors that determine the radon levels for a particular dwelling and not all [properties](#) have been tested.

Safe food and water are also the focus of environmental public health. Food handler education and permitting in addition to regular food inspections, along with regulations of water systems and pools, are two ways to prevent food- and water-borne diseases. However, when an outbreak of gastroenteritis occurs it may not have anything to do with local restaurants or local products, as evidenced by the number of cases caused by peanut butter, cantaloupes, lettuce and sprouts. The Health Department monitors the number of cases of gastroenteritis and tries to find out if the source is related to a restaurant, water source or pool, health care provider or child care facility. Fortunately, as the table below shows, there have been no major outbreaks of enteric diseases in the community in the past five years, but there are occasional small outbreaks such as the 2009 cases of salmonella and the uptick in cryptosporidiosis in 2012. Keep in mind that cases of [Norovirus](#), which aren't generally reported except in certain circumstances, occur frequently in the community as elsewhere in the country.

Enterics (selected)	2008	2009	2010	2011	2012
Campylobacteriosis	51	47	71	71	37
Cryptosporidiosis	6	11	17	7	39
E-coli (Shiga toxin producing)	13	1	5	12	12
Giardiasis	34	22	41	35	58
Salmonellosis	28	79	31	31	40
Shigellosis	3	13	3	4	4

Injuries

Unintentional injuries (accidents) are both among the leading causes of death and a major contributor to disabilities. Unintentional injuries are in fact the [leading cause of death of persons aged 1 to 44](#). In addition, injuries (both intentional and unintentional) result in the second highest number of years of potential life lost ([YPLL](#)); second only to cancer. Local hospital data from January 1, 2009, through September 2011 reveal that 2,113 Lancaster County residents were treated in area hospitals for intentional injuries, and 67,037 for unintentional injuries. The leading causes of intentional injury during this period include spouse/partner domestic violence (726) and child maltreatment (153). The leading causes of unintentional injury included falls (22,488), sports-related injuries (7,763), motor vehicle-related injuries (5,505) and poisonings (1,257). The physical, emotional, and financial toll these injuries take on individuals, families, and our community is enormous and many of these cases could have been prevented.

Behavioral Risk Factors

Behavioral Risk Factor Surveillance System (BRFSS) Indicators (Adults):

- Lancaster County BRFSS data for 2011 reveal that the local rates for overweight (34.2 percent with a BMI in the range from 25 to 29.9) and obesity (25.1 percent with a BMI equal to or greater than 30) are better than comparable Nebraska (overweight, 36.5; obese, 28.4 percent) and national (overweight, 35.7 percent; obese, 27.8 percent) data.
- Lancaster County adults consume fruits and vegetables fewer times a day than Nebraskans and U.S. respondents, but the rates overall are very poor (17.7 percent in Lancaster County, 20.0 percent of Nebraskans and 23.4 percent of U.S. respondents)
- Local respondents indicate that 57 percent of them meet the recommended physical activity guidelines for moderate or vigorous exercise, and 34.7 percent of the group meets the vigorous exercise guidelines (20+ minutes a day, 3 or more days a week). The local rates are better than comparable Nebraska (49.0%) and national (51.7%) rates of physical activity.
- Lancaster County 2011 BRFSS results indicate that adults are smoking (21.8 percent) at a higher rate than both the Nebraska rate of 20.0 percent, and U.S. rate of 21.2 percent. The 2011 local binge drinking rate (25.6 percent) is higher than the Nebraska rate (22.7 percent) and well above the binge drinking rate (18.3 percent) in the nation.
- The 2011 local BRFSS figure for the percent of respondents aged 18 to 64 who indicated that they have no health care coverage (18.5 percent) is lower than the Nebraska (19.2 percent) and national (21.3 percent).
- While 55.3 percent of local residents indicated that they visited a doctor for a routine checkup within the past year, 11.7 percent of residents indicated that they couldn't see a doctor in the past year due to cost.
- While no questions were asked about oral health in 2011, in 2010, 69.9 percent of Lancaster County respondents visited a dentist, but 26 percent of residents indicated that they could not afford to seek dental care during the year.
- As for cancer screening there is a mixed picture locally based on 2010 data:
 - Among persons 50 and older, 66.1 percent indicated that they had a colonoscopy within the past two years, which is a rate that compares favorably with the overall rate in Nebraska and the nation.
 - Among women 50 and older, 74.7 percent had a mammogram within the past two years, slightly better than the rate in Nebraska, but not as high as the national rate.
 - Lancaster County men 40 and over utilized the PSA test for prostate cancer at a rate (45.6 percent) lower than male Nebraskans (51.5 percent) and men in that age group from across the nation (53.5 percent).
 - Only 72.6 percent of local women aged 18 and older had a Pap test within the last three years, while 80.2 percent of Nebraska women had a Pap test. The national rate was 80.9 percent.

Risky Behaviors by Youths:

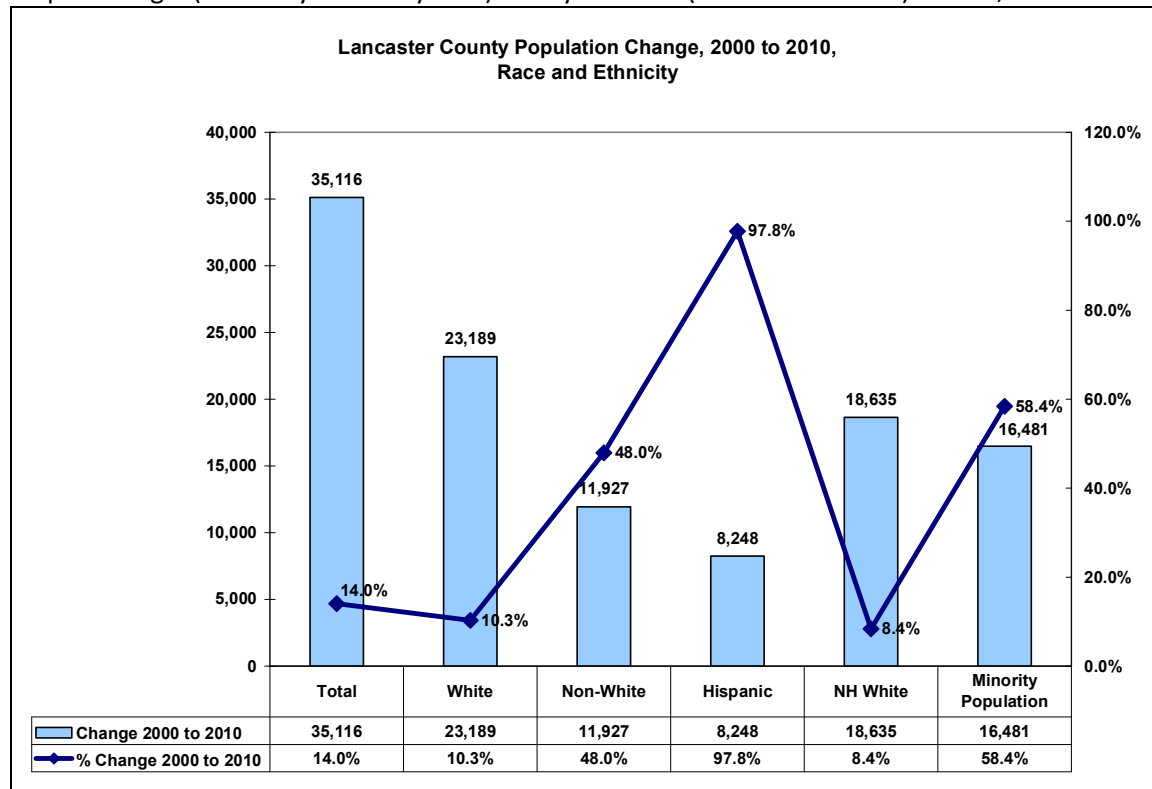
- The Youth Risk Behavior Surveillance Survey (YRBS) is conducted every other year (in odd years) in grades 9 through 12. Local data are listed as 2011 even though the YRBS was conducted in the fall semester of 2010. YRBS results are the only local source of information on a variety of youth behaviors, except for surveys on selected topics, such as tobacco use, alcohol consumption and illegal drug use. Unfortunately, there are no comparable 2005, 2007 and 2009 Nebraska YRBS results for us to compare to since the Nebraska response rate was too low to be weighted. However, state and national 2011 YRBS data are available for comparison. The local YRBS 2011 data on selected behaviors are summarized below:
 - The percent of Lancaster County teens that have had at least one drink in their lifetime decreased from 66.3 percent in 2009 to 54.6 percent in 2011.
 - In 2011, 28 percent of local youth indicated that they had had at least one drink in the prior 30 days; in 2009, the rate of teens that were currently consuming alcohol was 35 percent.
 - The percent of teens who are current smokers decreased from 17.6 percent in 2009 to 16.4 percent in 2011.
 - Marijuana use within the prior 30 days decreased from 18 percent of teens that had used marijuana in 2009 to 15.9 percent of youths who reported using it in 2011.
 - Although the data on cocaine use has been wildly volatile, the rate of current users in 2011 was reported as 4.6 percent, a dramatic increase from the 2009 rate of 1.4 percent.
 - From 2009 to 2011, the percent of teens that indicated that they had ever had sexual intercourse decreased from 37 percent to 31.9 percent.
 - As for physical activity, from 2009 to 2011 the percent of teens who had engaged in vigorous physical activity within the previous 7 days fell from 85 to 75.6 percent.
 - Another disappointing statistic was a slight increase in the percent of teens that had been in a physical fight within the previous year—the percent in 2011 was 25.7 percent versus 23.8 percent in 2009.
 - In 2011, 8.6 percent of teens never or rarely wore their seatbelt versus 8.2 percent in 2009, a slight increase in this negative behavior.
 - The good news is that there was improvement in a couple of auto driving or passenger behaviors. In 2011:
 - The percent of teens who indicated that they had ridden in a car within the past 30 days with someone who had been drinking decreased to 23.7 percent from 31.6 percent in 2009.
 - There were fewer teens (10.1 percent) who reported that they had been driving a vehicle in the past 30 days when they had been drinking, a reduction from 14.4 percent in 2009.

Additional County Characteristics

Lancaster County covers an area of 839 square miles in southeastern Nebraska. The City of Lincoln, the county seat, is also the capital city of Nebraska as well as the second largest city in Nebraska. The Census Bureau reported that the county's 2010 population was 285,407, an increase of over 35,000 from 2000 when the population was 250,291. Over the decade the City of Lincoln grew by 14.5 percent, from 225,581 in 2000 to 258,379 in 2010. The county's 2010 population density was 340 persons per square mile.

With four post-secondary educational institutions, the community has lower than average home ownership rates (2010 Census: Lincoln 59.4%, NE 68.6%, USA 66.6%), but higher than average educational attainment (2010 Census: High School/BA - Lincoln 92.7%/35.1%, NE 90%/27.7%, USA 85%/27.9%). The community boasts over 40 active neighborhood associations, and features a strong Mayor form of municipal governance with an active City Council. Starting in the 1980s, the community welcomed resettlement of refugees from across the world. The community initiated numerous social support services, and has embraced its newfound diversity, but some challenges remain in meeting the health needs of new Americans and minorities.

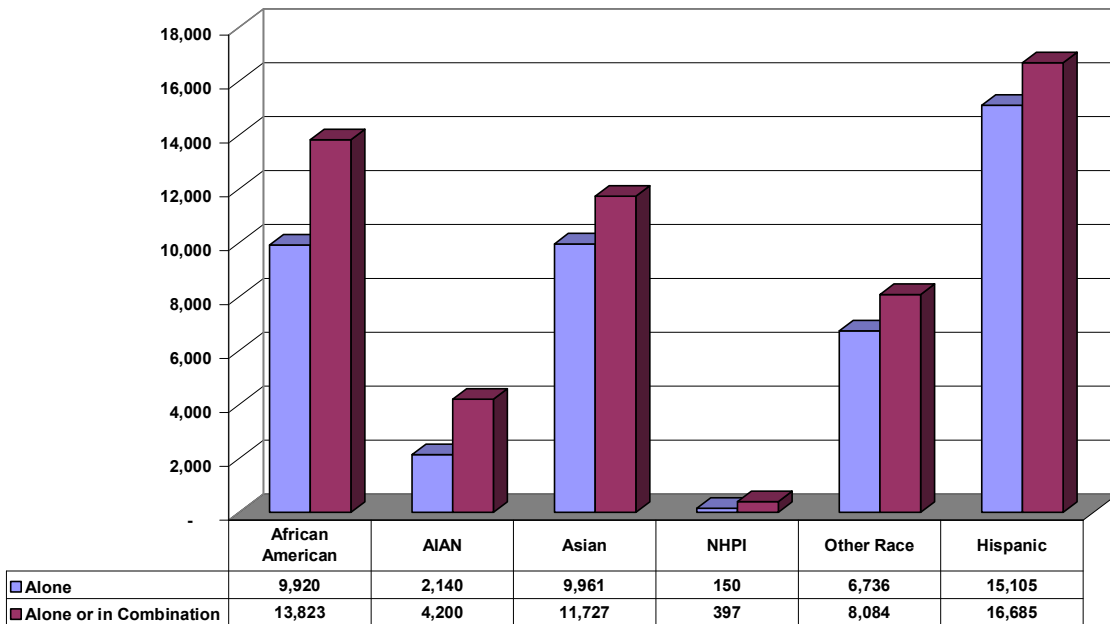
Lancaster County's demographic changes since 2000 reflect the increased diversity as shown in the chart below. Over the decade the minority population increased by 16,481, or by 58.4 percent. In 2010, the minority population represented 15.7 percent of the total population, an increase in representation from 11.3 percent of the total 2000 population. Non-Hispanic whites, the majority population, experienced the largest absolute growth in population (18,635). However, the increase represents only an 8.4 percent increase over the decade. By contrast, persons of Hispanic origin (who may be of any race) nearly doubled (a 98.7 % increase) from 8,437 in 2000 to 16,685 in 2010.



The table below shows how Lancaster County residents identified themselves by race in 2010. The last column is for persons identifying themselves as Hispanics or Latinos/Latinas who may be of any race and therefore their numbers are included in the other categories. Note also the increase in the size of the minority populations when those people who claim several race categories are added. The numbers are shown in the following table for all races while the chart below shows the impact amongst the non-white population groups.

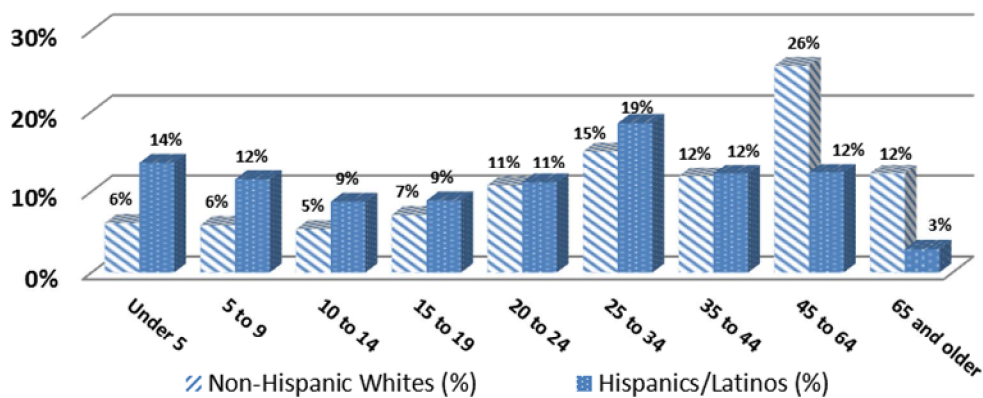
Self Identified Race Classification from 2010 Census	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Persons of Hispanic Origin (any race)
Alone	248,615	9,920	2,140	9,961	150	6,736	15,105
Alone or in combination	255,700	13,823	4,200	11,727	397	8,084	16,685

**Racial Minorities and Persons of Hispanic Origin (any race)
One Race Alone or in Combination
Lancaster County, 2010**



Another difference in these two population groups is the age distribution. The Hispanic population is relatively young with 35 percent of the total under 15 years of age and only 15 percent of the population 45 or older. In contrast, the White Non-Hispanic population is relatively much older with only 17 percent of the population under 15 years of age, whereas 38 percent of this group is 45 or older.

**Percent of Population by Age Group
Non-Hispanic Whites vs. Hispanics
Lancaster County, 2010**



The following table reflects the general population data by age and gender from the 2010 Census and changes from 2000.

Subject	2000 Census	2010 Census	Population Change 2000 to 2010	Population % Change 2000 to 2010
Total Population	250,291	285,407	35,116	14.0
Male	125,029	143,048	17,981	14.4
Female	125,262	142,359	17,097	13.6
Under 5	16,680	20,171	3,491	20.9
18 and Over	191,463	219,506	28,043	14.6
Male	95,028	109,396	14,368	15.1
Female	96,435	110,110	13,675	14.2
21 and Over	174,639	201,383	25,744	15.3
62 and Over	30,548	38,796	18,248	27.0
65 and Over	26,080	31,101	5,021	19.3
Male	10,572	13,358	2,786	26.4
Female	15,508	17,743	2,235	14.4

The increase in population over the decade was 14 percent, and the various population sub-groups generally increased at a similar rate. The notable exceptions are the 20.9 percent growth in the population under 5, and the 27.0 percent growth in the 62 and over. The increase in the under-five age group is due to the higher birth rates among minorities and the corresponding increase in the non-white population overall. As for the cohort 62 and older, the highest percentage increase was in the males over 65. The elderly population (65 and older) in Lancaster County was 10.9 percent of the total population in 2010, up from 10.4 percent in 2000. By comparison, the elderly population in Nebraska was 13.5 percent of the state's total population in 2010; and nationally the elderly were 13 percent of the total.

COMMUNITY RESOURCES (ASSETS)

Lancaster County has a number of community assets that contribute to the health of the residents. Most health care providers in the county are located in Lincoln, and distributed across the community.

Physician numbers are one measure of human resources. As of July 2011, in Lancaster County, there were 214 out of the 632 total physicians that were licensed in a primary care specialty (e.g., family and internal medicine, obstetrics, and pediatrics). In addition, a total of 73 physicians are listed as practicing psychology, child psychology or general surgery; specialists who generally provide a level of primary care. The remaining 345 licensed doctors are licensed in a sub-specialty licensure category.

Lincoln has a wide range of personal health care providers, mental health providers, physician clinics and other health facilities and medical and dental providers that not only address the needs of the local population, but also residents from throughout southeast Nebraska, northern Kansas and from across the state. The Lincoln-Lancaster County Health Department as well as state agencies provided population health services. Some of the prominent providers, but not all, are listed below:

Primary Care Services

[People's Health Center](#), Lincoln's Community Health Center, is a federally qualified health center (FQHC), serving the community's medically-underserved population. As a FQHC, People's Health Center offers their services to all persons according to their ability to pay. The Center provides vital primary care services, dental care and behavioral health services to residents with limited financial resources. Community Health Centers generally serve as a "medical home" to their patients. The definition of a medical home is the coordination of care from care plans to appointments with specialists. The patient receives consistent care from birth through old age. A patient's medical home serves as a guide to community support services from education to transportation.

[Lincoln Medical Education Partnership](#) (LMEP) opened more than 30 years ago to train family medicine physicians in response to a growing need for primary care providers. Now in its fourth decade, LMEP has evolved into a multi-dimensional organization offering a variety of healthcare programs and services. The Partnership is supported by both local hospital systems and as residency program with the University of Nebraska College of Medicine, the Lincoln Family Medicine Program, has positioned itself over the past 33 years as a premier trainer of family medicine physicians. The Lincoln Medical Education Partnership provides a full range of healthcare education and services to people of all ages and backgrounds.

Among other health resources for Lancaster County residents, the [Lincoln Veterans Administration Medical Center](#) provides both primary care and behavioral health services on an out-patient basis. [Clinic with a Heart](#) and [People's City Mission](#) both provide primary care services for the homeless, low-income residents and the uninsured in their free clinics. Both clinics rely on volunteer physicians and medical staff and have limited hours of operation, especially the Clinic with a Heart, which generally provides services on certain Thursday nights. For students at the University of Nebraska-Lincoln, the [University Health Center](#) is also a provider of primary care services. In addition, for primary care after normal physician hours and on weekends, several urgent care clinics have opened in Lincoln over the last decade. Primary among them are three [Linc Care](#) offices and the [Urgent Care Clinic of Lincoln](#).

Ancillary Primary Care Services. The [Lancaster County Medical Society](#) (LCMS) helps individuals find a physician who is accepting new patients. LCMS also assists patients find free or low-cost prescription drugs through the Medication Assistance program and participates in the [Health Hub](#). LCMS specialty members work with the Health Hub to provide specialty care when needed. Health Hub is an innovative "holistic" program for connecting uninsured patients with health care and other assistance. Health Hub Advocates are available to help uninsured patients find community resources to help meet healthcare needs. While the program is housed at the [Center for People in Need](#) it is funded by the [Community Health Endowment](#) (one of the largest local funders of health and behavioral health projects and innovative programs) and Catholic Health Initiative and partners with most of primary care providers in the community.

Population Health

[Lincoln-Lancaster County Health Department](#) is the largest local public health department in Nebraska, providing a wide range of public health services including a limited amount of primary care services. The Health Department offers direct services such as specialized clinic services, immunizations, dental care, WIC, and home visitation. The department addresses the needs of low-income families in general, but also refugees and the community's increasingly diverse minority population.

Among other responsibilities, the Environmental Public Health (EPH) division monitors air and water quality, regulates and issues permits, enforces city ordinances, responds to hazmat spills and other public health emergencies, inspects food establishments and promotes a safe and livable community. The Communicable Disease program works with EPH to investigate any food- and waterborne diseases and outbreaks of disease at facilities such as child care centers; program staff members also investigate and monitor all reportable and infectious diseases in the community, such as influenza, sexually transmitted infections and tuberculosis. Health Promotion and Outreach

actively promotes healthy lifestyles and addresses many negative (e.g., smoking, physical inactivity) and positive behaviors (e.g., preventive screening). Factors influencing chronic health problems in the community (e.g., diabetes, cancer, heart disease) are a special focus of the program and the many partner coalitions (e.g., Safe Kids, Crusade against Cancer, Action Now Diabetes Coalition, Lincoln in Motion, Partnership for a Healthy Lincoln, Teach a Kid to Fish) that provide health education and prevention efforts.

Behavioral Health

In 2011, the Lancaster County Board of Commissioners decided to discontinue offering services at the Community Mental Health Center and to negotiate with private providers who will take on the behavioral health services that will no longer be provided. (The County will continue to support the Crisis Center.) [Region V Systems](#) is assisting with finding the provider/providers who will contract to provide mental health services previously provided by the [Community Mental Health Center](#).

Hospital Services

Lincoln is a regional center for healthcare, insurance, education, and business. As for hospitals, St. Elizabeth Regional Medical Center (<http://www.saintelizabethonline.com/>) and Bryan Health (<http://www.bryanhealth.com/>) are the community's largest hospital systems.

[Bryan Health](#) is a not-for-profit, locally owned healthcare organization with two acute-care facilities (an East campus with 374 beds; and the West campus with 290 licensed beds) and several outpatient clinics. Hospital care services include the areas of cardiology, orthopedics, trauma, neuroscience, mental health, women's health and oncology. Bryan Health employs more than 4,000 staff and they have a statewide network that provides sophisticated mobile diagnostic treatment and services to citizens throughout the region. Mental health issues account for the single largest number of admissions at Bryan Health medical centers.

[St. Elizabeth Regional Medical Center](#) is a non-profit, faith-based care provider and one of about 70 U.S. healthcare facilities affiliated with [Catholic Health Initiatives \(CHI\)](#). Saint Elizabeth (260 licensed beds) has particular experience in the treatment areas of newborn and pediatric care, women's health, emergency medicine, orthopedics, neuroscience, oncology, rehabilitation and burn and wound care. Obstetric services and newborn care top the list of admissions to St. Elizabeth.

[Nebraska Heart Institute](#) is also known as Nebraska Heart or the Nebraska Heart Hospital. Nebraska Heart Institute is now a non-profit hospital affiliated with St. Elizabeth Hospital and Catholic Health Initiatives. As a result of the merger, cardiac cases that may have been performed at St. Elizabeth are now directed to Nebraska Heart. Nebraska Heart (63 beds) has a large staff of experienced cardiac-care professionals, including 19 cardiologists, 5 surgeons, 3 anesthesiologists, and more than 500 support staff.

[Madonna Rehabilitation Hospital](#) is one of the nation's foremost facilities for medical rehabilitation and research. Madonna Rehabilitation Hospital (79 beds) is more than a local resource as patients are referred from throughout the state and U.S. Madonna specializes in traumatic brain injury, spinal cord injury and pediatric rehabilitation. The professional staff includes a team of highly specialized physiatrists, therapists, rehabilitation nurses and clinicians. They work with the most advanced technology and equipment to help each person achieve the highest level of independence.

[Lincoln Surgical Hospital](#), a for-profit facility licensed for 21 beds, provides state of the art surgical suites and a skilled, professionally staffed alternative for many of the city's best surgeons. Lincoln Surgical Hospital offers surgical service on an outpatient or an inpatient basis.

The [Lincoln Regional Center](#) is a 250 bed, Joint Commission-accredited state psychiatric hospital operated by the Nebraska Department of Health and Human Services. The Lincoln Regional Center serves people who need very specialized psychiatric services and provides services to people who, because of mental illness, require a highly structured treatment setting.

With Omaha less than sixty miles to the northeast, county residents needing specialized care such as advanced pediatric services, trauma care and transplants can avail themselves of medical services provided by physicians and staff at the [University of Nebraska Medical Center](#), [Creighton University Medical Center](#) and [Children's Hospital and Medical Center](#).

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